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International
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A toolkit

Nutrition security and maternity protection:

through exclusive and continued
breastfeeding promotion in the workplace



International Labour Organization
Country Office for the Philippines

A toolkit

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maternity protection:**

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International Labour Organization
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November 2014

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Foreword

The International Labour Organization (ILO), in partnership with the United Nations Children's Fund (UNICEF) and the European Union (EU) implemented the Nutrition Security and Maternity Protection (NSMP) through Exclusive and Continued Breastfeeding Promotion in the Workplace Programme. The Programme aimed to develop mechanisms for promoting exclusive and continued breastfeeding in the workplace as well as reach out to the vulnerable not often covered by maternity protection. The Programme further aimed to contribute to enhancing the capacities of national and local stakeholders to formulate and implement policies and programmes in support of maternity protection and exclusive breastfeeding in the workplace. The Programme covered the cities of Naga, Iloilo and Zamboanga as pilot areas and worked closely with the Philippine government, employers' and workers' organizations.

The NSMP Programme implementation was guided by the provisions of Republic Act (RA) 10028 or the Expanded Breastfeeding Promotion Act of 2009, which mandates the establishment of lactation stations in the workplace, the granting of lactation breaks to nursing employees and the provision of breastfeeding education to all workers. The Programme was also designed to promote principles embedded in the ILO's Maternity Protection Convention, 2000 (No. 183) and the Workers with Family Responsibilities Convention, 1981 (No. 156).

Provision of workplace support to breastfeeding mothers is one of the core elements of Convention No. 183, which promotes maternity protection measures to ensure that women's right to provide the best possible care for their newborn and young children does not interfere with their economic security and that expectant and nursing mothers are given proper health protection at work, quality maternal and child health care, adequate time to give birth, to recover and to nurse their children. In addition, Convention No. 156 and its accompanying Recommendation No. 165, promotes the creation of effective work-family policies and measures so that both women and men workers can reconcile the often conflicting demands of paid work and their care responsibilities at home.

This Toolkit was developed based from the experience of partner organizations in the implementation of the NSMP Programme. The instruments and resource materials developed through the Programme were put together and packaged in this Toolkit to serve as useful guide in efforts to promote exclusive and continued breastfeeding in the workplace and to provide

needed services. This Toolkit can also serve as a reference for working mothers in understanding the importance of breastfeeding and in learning how to effectively breastfeed even while working. It is also a good source of information for working fathers given their key role of enabling and supporting women's breastfeeding and return to work after maternity leave.

It is hoped that this Toolkit will be an effective instrument in upholding women's rights to breastfeed in the workplace as part of the interlinked goals to achieve adequate maternity protection and work-family balance as well as decent and productive work for all women and men.

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The partner organizations and agencies comprising the Technical Working Group of the NSMP Project who collaborated in the development of this Toolkit include the following:

- Employers Confederation of the Philippines (ECOP)
- Federation of Free Workers (FFW)
- Trade Union Congress of the Philippines (TUCP)
- Alliance of Workers in the Informal Economy/Sector (ALLWIE/S)
- Bureau of Workers with Special Concerns of the Department of Labor and Employment (BWSC-DOLE)
- Family Health Office of the Department of Health (FHO-DOH)
- National Anti-Poverty Commission (NAPC)
- Beauty, Brains and Breastfeeding, Inc. (BBB)
- United Nations Children's Fund (UNICEF)

The local partners in the three Joint Programme (JP) areas of Naga City, Iloilo City and Zamboanga City, particularly the health and nutrition offices of the Local Government Unit (LGU), the members of the local chambers of commerce, the trade union workers' federations, as well as organizations belonging to the informal sector, likewise contributed immensely in the development of the sector-specific training programmes, as participants during its pre-test and in the conduct of advocacy work.

Thus, much of the contents in these chapters were based on the experiences of the NSMP Project partners in conducting baseline and end-line studies, development and pre-testing of training designs, as well as monitoring and evaluation tools (M&E), to promote exclusive and continued breastfeeding in the workplace (ECBFW), targeting specific sectors, i.e. workers in both formal and informal economy, employers' groups in both public and private sectors, as well as LGUs.

In addition to the TWG member organizations, other contributors should also be cited for their assistance and technical inputs:

- Laura Addati, ILO-Geneva, Maternity Protection and Work-Family Specialist, Gender, Equality and Diversity Branch, provision of technical review.
- Ana Liza Valencia, ILO CO-Manila, National Project Coordinator on Domestic Work: technical inputs and guidance in the finalization of the outline of the Toolkit.
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- Jo-Anna Marie Abelinde, Process Documentor: provision of photos, reviews and documentations on NSMP Project implementation.
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- ARUGAAN, a mother support group that advocates for natural nurturing: provision of photos.

About this toolkit

Objectives

This Toolkit was made to be used as a reference for self-learning, training, policy advocacy, research and action with the following objectives:

- To provide a clear understanding on the importance of exclusive and continued breastfeeding for both infants and mothers, most especially for those who are working.
- To supply information on the Philippine experience in terms of breastfeeding trends and situation.
- To offer a comprehensive repository of health data and information, including lessons learned in terms of breastfeeding promotion particularly in the workplace.
- To assist key stakeholders in:
 - assessing maternity protection condition, in relation to breastfeeding promotion, particularly in terms of designing effective workplace policies and measures for working women;
 - raising awareness on and advocating for compliance to relevant policy issuances and laws; and
 - training specific audiences.

Audience

This Toolkit is designed to be used by decision-makers and programme-implementing personnel from:

- Employers' organizations
- Private companies or firms
- Workers' organizations, both in the formal and informal economy/sector
- National and regional line agencies of the government
- LGUs at the provincial, municipal or city and barangay levels
- Non-government organizations

This Toolkit also puts together all relevant references and other resources, including templates or samples of ordinances or policy issuances, monitoring and evaluation tools, as well as research instruments used in the various studies cited herein, useful websites and directory of different agencies that can be tapped for the promotion of ECBFW. All these can be found in Annexes. Also included in this part are information, education and communication materials like flyers, pamphlets and brochures that are available either in English or Filipino.

Acronyms and abbreviations

ALLWIE/S	Alliance of Workers in the Informal Economy/Sector
ARV	Antiretroviral Drugs
AO	Administrative Order
BBB	Beauty, Brains and Breastfeeding, Inc.
BEmONC	Basic Emergency Obstetric and Newborn Care
BIR	Bureau of Internal Revenue
BMI	Body Mass Index
BPO	Business Process Outsourcing
Breastfeeding TSEK	Breastfeeding: Tama (Right/Appropriate), Sapat (Enough) at EKsklusibo (Exclusive)
BWSC	Bureau of Workers with Special Concerns
CBA	Collective Bargaining Agreement
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEmONC	Comprehensive Emergency Obstetrics and Newborn Care
CHD	Center for Health Development
C/MNC	City/Municipal Health Council
CSC	Civil Service Commission
CSO	Civil Society Organization
DILG	Department of the Interior and Local Government
DOH	Department of Health
DOLE	Department of Labor and Employment
DOST	Department of Science and Technology
DTI	Department of Trade and Industry
EBF	Exclusive Breastfeeding
ECBF	Exclusive and Continued Breastfeeding
ECBFW	Exclusive and Continued Breastfeeding in the Workplace
ECBF-WIS	Exclusive and Continued Breastfeeding Practice among Women in the Informal Sector
ECOP	Employers Confederation of the Philippines

EINC	Essential Intrapartum and Newborn Care
ENC	Essential Newborn Care
EO	Executive Order
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FFW	Federation of Free Workers
FHS	Family Health Survey
FNRI	Food and Nutrition Research Institute
FWC	Family Welfare Committee
FWP	Family Welfare Programme
GAD	Gender and Development
IEC	Information, Education and Communication
ILO	International Labour Organization
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
JP	Joint Programme
KAP	Knowledge, Attitude, Practice
KRA	Key Result Areas
LWP	Lactation in the Workplace Policy
LGU	Local Government Unit
LHB	Local Health Board
LWG	Local Working Group
MBFHI	Mother and Baby Friendly Hospital Initiative
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MDG-F	Millennium Development Goal Achievement Fund
MNCHN	Maternal, Newborn, Child Health and Nutrition Strategies
MNP	Micronutrient Powder
MPRP	Maternity Protection Resource Package
MYNSIA	Maternal and Young Child Support in Asia
NAPC	National Anti-Poverty Commission

NEC	Necrotizing Enterocolitis
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
NSMP	Nutrition Security and Maternity Protection
PHIC/PhilHealth	Philippine Health Insurance Corporation
PMT	Programme Management Team
RA	Republic Act
RMC	Revenue Memorandum Circular
SEC	Securities and Exchange Commission
SEO	Search Engine Optimization
SIDS	Sudden Infant Death Syndrome
SLE	Structured Learning Experience
SME	Small to Medium-Scale Enterprise
SWOT	Strength, Weakness, Opportunity and Threat
TUCP	Trade Union Congress of the Philippines
TWG	Technical Working Group
U5MR	Under-Five Mortality Rate
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WIS	Workers in the Informal Sector
WLS	Workplace Lactation Station

Preface

On 27 July 2009, the Philippine government passed Republic Act (RA) 10028 otherwise known as the Expanded Breastfeeding Promotion Act of 2009 that defines the national breastfeeding policy to address the declining breastfeeding rates in the country and provide health and nutrition support to lactating mothers and their children. The law, which took effect on 13 May 2010, mandates the establishment of lactation stations in health and non-health facilities, including workplaces; the granting of paid lactation periods of not less than 40 minutes for every eight-hour working period to all nursing employees in addition to the regular time-off for meals to breastfeed or express milk; as well as the provision of information materials and education opportunities to all workers. Furthermore, to complement the provisions of Executive Order Number 51 (EO51) or the National Milk Code, RA 10028 mandates all health and non-health facilities, establishments or institutions, both public and private, to prevent any direct or indirect form of promotion, marketing, and/or sales of infant formula and/or breast milk substitutes within the lactation stations, or in any event or circumstances which may be conducive to the same.

This is in recognition of the state's responsibility "... to protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation".

However, three years after its enactment, the environment to support exclusive and continued breastfeeding in the workplace leaves much to be desired. For instance, the Baseline Survey on Breastfeeding in the Workplace conducted in 2011 by the Employers Confederation of the Philippines or ECOP, showed that while some companies have established family welfare and corporate social responsibility programmes, not all employers were fully aware of the importance and relevance of breastfeeding as a programme in the workplace as evidenced by the fact that only two out of the six companies surveyed have lactation programmes.

In her Senate privilege speech in July 2013, The Honorable Pia Cayetano, the principal author of RA 10028 lamented the fact that several commercial establishments and workplaces are yet to put up lactation stations and adopt a breastfeeding support programme, which defeats the primary purpose of the law.

In the Baseline Study of Mothers Belonging to Workers in the Informal Sector, conducted by the National Anti-Poverty Commission or NAPC in 2011, the primary reason given by the respondents as contributory or deciding factor for them to continue to breastfeed or not is the need to go back to work, with majority of them uninformed about proper breast milk expression, collection and storage. Moreover, they claim that, much as they want to express their milk to ensure access of their child to breast milk even when they are away, the absence

of cold storage facility at home or in the workplace is a matter for consideration. This is evident in their breastfeeding practice, with only 25 per cent of the women respondents able to exclusively breastfeed their infants, while 37 per cent resort to mix feeding, i.e. they breastfeed when they get home, while a family member gives infant formula when they are at work. Those who practice exclusive and continued breastfeeding (ECBF), particularly women workers in the informal economy, are able to do so if their place of work is at home or near it.

In response to these challenges, the International Labour Organization (ILO), in partnership with the Technical Working Group (TWG) on ECBF in the Workplace (ECBFW), and with funding support from the United Nations Children's Fund (UNICEF) and the European Union (EU), implemented the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace, also dubbed as the NSMP Project. The project is geared towards sustaining and complementing the gains of exclusive and continued breastfeeding initiatives in the workplace under the "Millennium Development Goal Fund (MDG-F) Joint Programme on Ensuring Food Security and Nutrition for Children 0-24 Months Old in the Philippines". It engaged critical stakeholders, both in the public and private sector, to promote an enabling environment to encourage women workers and nursing mothers to practice exclusive and continued breastfeeding. It focused on promoting awareness on support for breastfeeding at the workplace among formal and informal sectors, monitoring recent legislations related to breastfeeding practices and maternity protection, and campaigning for the setting up of lactation stations and adoption of breastfeeding support programmes in the Local Government Units (LGUs), and in private and public facilities. The NSMP Project was implemented in the three Joint Programme cities – Naga City, Iloilo City and Zamboanga City.

An important component of this project is the development of a "Toolkit" that would provide information and tools to help organizations and individuals to strengthen and extend nutrition security to infants and maternity protection to women in all types of economic activity through the promotion of exclusive and continued breastfeeding in the workplace. This Toolkit attempts to put together the experiences of the project partners in their advocacy and capacity building efforts among the sectors they work with, as well as the various reference materials used in these efforts in the context of local and sectoral situations in the Philippines.

It is hoped that the NSMP Toolkit would facilitate the creation of an enabling environment for exclusive and continued breastfeeding practice among women workers in both formal and informal economy by enhancing the capabilities of all duty-bearers and stakeholders in their awareness building campaigns, in effective advocacy work for localization of policy issuances, and in the delivery of needed services. All these are meant to ensure decent work for women and the balance to exercise both productive and reproductive rights so as not to deprive their children of optimum nutrition critical to growth and development during the first two years of life.

Glimpse of issues in advancing nutrition security, maternity protection and breastfeeding



1.1 What is it all about?

Maternity protection in the workplace is an integral part of the advancement of a woman's rights, particularly in terms of promotion of optimum health, not only of her own, but also of her child. The latter is a natural concern of every mother. It is essential in guaranteeing women's access to decent work and to gender equality so as to enable women to continue her productive work without compromising her reproductive function and vice-versa. It aims to preserve the health of the mother and her newborn, as well as to provide a measure of economic security for the concerned women and their families. It has five core elements, which include maternity leave; cash and medical benefits; health protection at the workplace; employment protection and non-discrimination; and breastfeeding arrangements at work.

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have issued a global public health recommendation for infants to be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Subsequently, to be able to meet their changing nutritional requirements as they grow, infants should be given nutritionally adequate and safe complementary foods while continuing to breastfeed up to two years of age and beyond.

However, various studies worldwide have shown that returning to paid work within four to eight weeks after delivery to a work environment that is not conducive to breastfeeding is one of the primary reasons why women stop breastfeeding their child or fall short of the internationally recommended duration for exclusive and continued breastfeeding.

For these reasons, the Exclusive and Continued Breastfeeding Promotion in the Workplace (ECBFW) programme was conceived in the context of nutrition security and maternity protection. The programme enjoins all stakeholders in the country to take the necessary steps to ensure that the needed support and structures for the enjoyment of a woman worker's maternity benefits are in place, which includes the right to exclusively and continuously breastfeed her child. This is very much in line with the UNICEF-EU Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA). The latter aims to help put in place pro-nutrition policies in a wide range of sectors, strengthen capacities and information systems, as well as scale up high-impact interventions for women and children. All these are geared towards improvement of child survival, growth and development during the first 1 000 days window of opportunity, including pregnancy.

KEY POINTS

- ▶ Nutrition security is more than just food security. It is the outcome of good health, a healthy environment and good caring practices. The best nutrition for a child is breast milk and should be given exclusively for the first six months of life, and thereafter with complementary food until two years of age and beyond.
- ▶ The main thrust of Maternity Protection is to maximize the productivity of the women in the workplace without prejudice to the performance of her reproductive role, which includes the right to exclusively and continuously breastfeed her child.
- ▶ The most important concerns of NSMP programme include strengthening the implementation of existing policies on ECBFW promotion and ensure the coverage of women among all levels of economic opportunities.



Back at work, a lactating mother is counselled on the importance of ECBFW.



A pregnant woman performing her task at a clothing factory.

1.2 What is the situation in terms of efforts to promote exclusive and continued breastfeeding in the workplace?

There are existing policy frameworks, both international and local, that provide the legal basis for the promotion of ECBFW, which are discussed in detail in Chapter 2. One is the ILO Maternity Protection Convention, 2000 (No. 183) and its accompanying Recommendation No. 191, which call for the provision of breastfeeding breaks and the establishment of breastfeeding facilities at or near the workplace. Another instrument is the ILO Workers with Family Responsibilities Convention, 1981 (No. 156), that supports instituting enabling mechanisms so that men and women workers can fulfill their right to work without being subjected to discrimination and, to the extent possible, without conflict between their employment and family responsibilities.

In terms of national legislation, two critical policy issuances that strongly support, protect and sustain efforts to promote exclusive and continued breastfeeding in the country are Executive Order (EO) No. 51 or The National Milk Code and Republic Act (RA) 10028 otherwise known as the Expanded Breastfeeding Promotion Act of 2009, both with Implementing Rules and Regulations (IRR) formulated by the Department of Health (DOH). There is a need, however, to monitor effective implementation of these two important laws in relation to three key result areas. The first is in relation with the state of breastfeeding practice in the country, particularly among lactating women workers, and their access to basic information on breastfeeding. The second is in relation with the compliance of establishments, both private and public, and the third is in providing for paid lactation breaks and breastfeeding facilities to women workers, as well as ensuring that promotion of infant formula milk is barred in these facilities.

The ILO, in collaboration with its partners from the Philippine government, employers and workers groups, with funding support from the UNICEF-EU, implemented the Nutrition Security and Maternity Protection through ECBFW or NSMP Project to support local initiatives. The project, adopting a tripartite structure, formed a Technical Working Group (TWG) composed of its local partners to ensure coordinative efforts, as well as healthy exchange of information and strategies for effective promotion of ECBFW among the different stakeholders they engaged with.



KEY POINTS

- ▶ Despite the increase in breastfeeding and breastfeeding initiation rates from 2008 to 2011, the 2011 Family Health Survey (FHS) data on exclusive breastfeeding rates is still as low as 27 per cent in some areas.
- ▶ The biggest challenge for mothers is when they have to decide whether to breastfeed or opt for formula milk upon return to work.

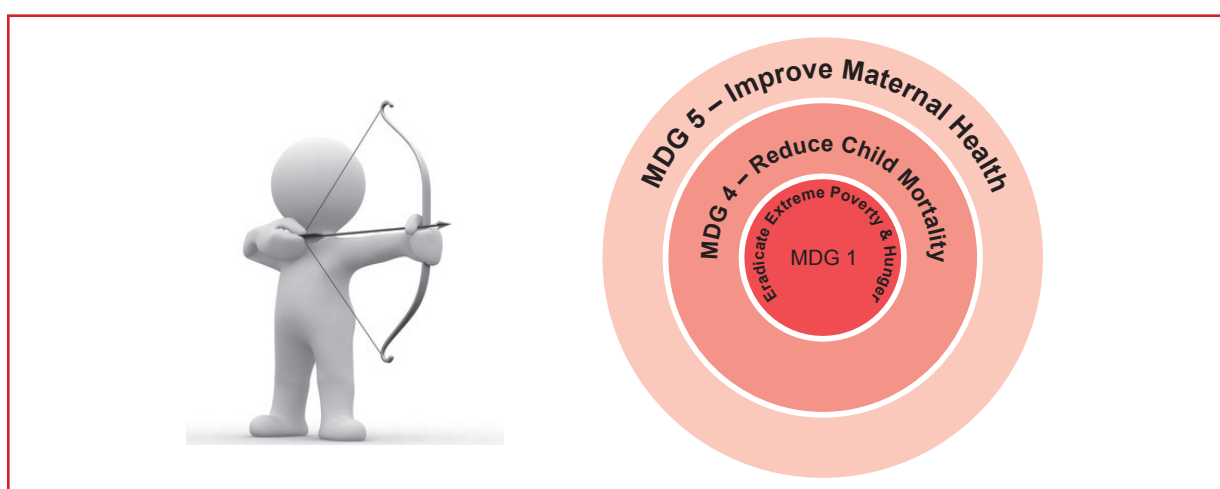


Pregnant women workers of a clothing factory attend an IEC on pregnancy and lactation.

1.3 Why the need for intervention?

The promotion of exclusive and continued breastfeeding in the workplace must be viewed in the larger context of ensuring quality life and the protection of every human beings right to it. It is important to look at the different factors that promote or hinder the attainment of such.

Figure 1. The Philippines is committed to the attainment of the Millennium Development Goals (MDGs). The NSMP Project aims to contribute to the attainment of MDGs 1, 4 and 5, which are to eradicate extreme poverty and hunger, reduce child mortality and improve maternal health, respectively.



The target for the Philippines is to reduce the child mortality rates, based on 1990 statistics, by two-thirds by the year 2015. National statistics already show a decreasing trend from 1990 to 2008 in Infant Mortality Rates (IMR) and Under-Five Mortality Rates (U5MR). From 57 per 1 000 live births in 1990, the IMR in 2008 registered at 25 per 1 000 live births, while mortality rates for children under five years of age went down from 80 to 34 per 1 000 livebirths¹.

Table 1. Child mortality rate, Philippines, 1990-2008

Years	Neonatal mortality	Infant mortality	Under-five mortality
1990	-	57.0	80.0
1993	17.7	33.6	54.2
1998	17.8	35.1	48.4
2003	17.0	29.0	40.0
2008	16.0	25.0	34.0

Source: National Demographic and Health Surveys (NDHS), National Statistics Office (NSO)

¹ FAO's Information Systems for Food and Nutrition Security, Pietro Gennari, FAO Statistics Division.

However, disaggregating the IMR by socio-economic quintiles as shown in Figure 2, the DOH noted that the IMR of the poorest quintile in 2008 is similar to the national IMR two decades ago. This shows that if the country is to sustain the steady decrease in IMR, strategic health

Figure 2. Infant mortality rate by socio-economic status and region, Philippines, 2008

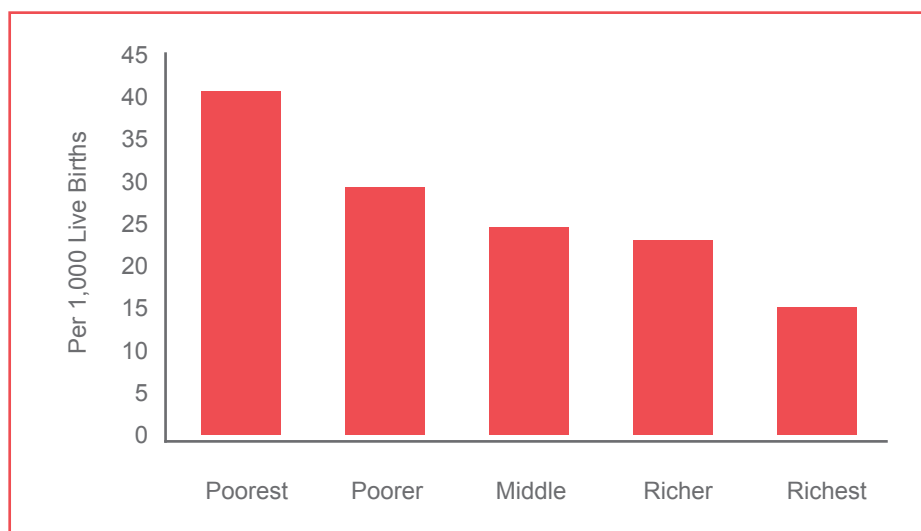
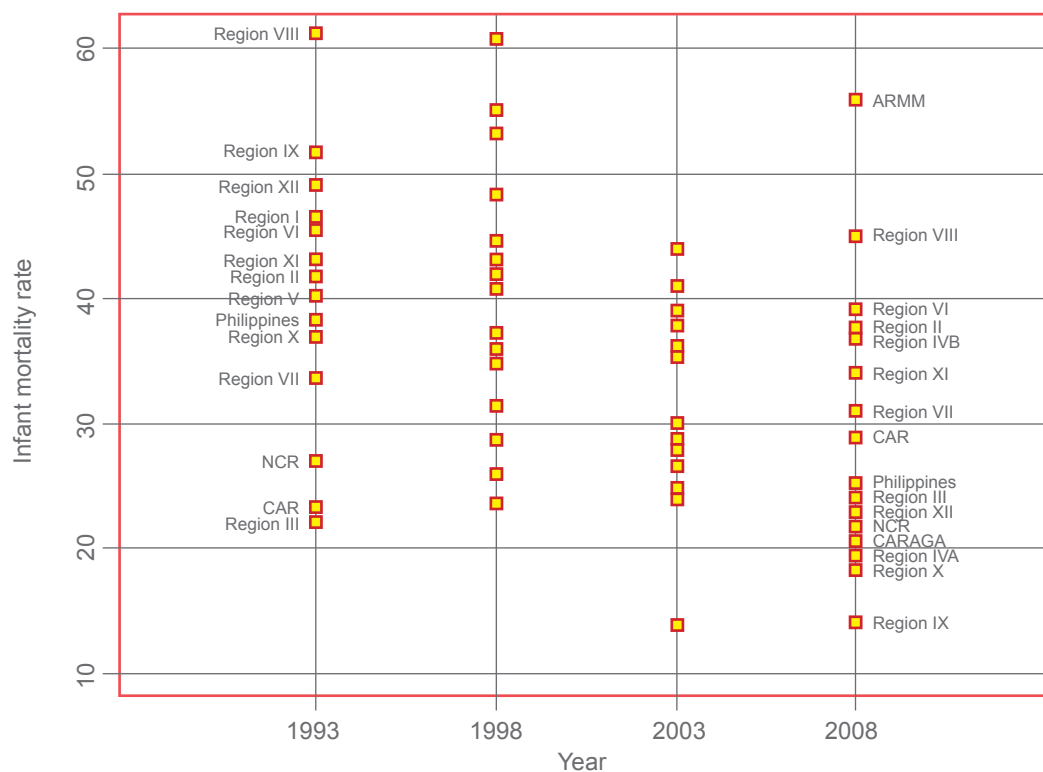


Figure 2.1. Infant mortality rate by region, Philippines 1993, 1998, 2003, 2008



Source: National Demographic and Health Surveys, NSO

interventions targeting the poorest sector of society must be in place. One of the essential elements of the DOH's thrust of Universal Health Care for All or Kalusugang Pangkalahatan, a strategy to improve the provision of healthcare for the poor, is the promotion of ECBF.

In a historic editorial published in *The Lancet*, one of the world's leading general medical journals claimed that, "If a new vaccine became available that could prevent one million or more child deaths a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative. Breastfeeding can do all this and more". It further warned about the ambivalent messages often encouraged by the marketing campaigns of artificial milk manufacturers².

1.3.1 What is the state of ECBFW in the Philippines?

In 2012, in commemoration of Global Breastfeeding Week, ILO, UNICEF and WHO congratulated the Philippine government for the significant increase in exclusive breastfeeding rates in the country. Data coming from the Food and Nutrition Research Institute of the Department of Science and Technology (FNRI-DOST) showed that ECBF rates have in fact risen from 37 per cent in 2008 to 47 per cent in 2011. The initiation of breastfeeding within one hour of delivery has likewise increased from 32 per cent in 2008 to 52 per cent in 2011.

**Table 2. Main reason of mothers why breastfeeding was stopped:
Philippines, 2008**

Reasons	Per cent
Inadequate milk flow	34.5
Working outside home/too busy	25.5
Another pregnancy	9.1
Child refused	7.8
Mother ill/weak/underwent surgery	7.6
Cracked nipple/breast infection	5.4
Child old enough for weaning	2.8
Child ill/weak	2.5
Child abandoned/separated from mother	1.5
Others	2.9
As advised by health personnel/relatives/friends	0.5
Child not gaining weight	0.1

Source: FNRI - DOST

² Improving Nutrition Security in Asia, An EU-UNICEF Joint Action; www.unicef.org/eu/files/EU-NICEF_Nutrition_security_in_Asia.pdf.

FHS showed that EBF rates in some areas of the country are still as low as 27 per cent. Moreover, the Baseline Study of mothers belonging to Workers in the Informal Economy/Sector, conducted by NAPC in 2011 tend to corroborate the study in 2008 of the FNRI which showed that working outside the home or busy with work is a major reason why mothers stop breastfeeding. The inadequate milk flow, which was indicated in both studies as a primary reason for breastfeeding cessation, is more often than not included, but not limited to the following:

- The need to go back to work, given the lack of access to information on ECBFW and lactation facilities in the workplace.
- Breastfeeding problems and the ease in dealing with them, due to misconception or inadequate information and access to sound technical advice on ECBFW.
- The lack of support they get from their husbands, partners and/or family members particularly when they return to work.

1.3.2 What benefits can infants derive from breastfeeding?

The immediate health and survival of the infant are the greatest and most obvious benefits of breastfeeding. Overwhelming evidence has shown that early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months of life, and the introduction of nutritionally-adequate and safe complementary (solid) foods at six months together with continued breastfeeding up to two years of age or beyond, can in fact prevent over 75 per cent of deaths in early infancy and 37 per cent of deaths in the second year of life³.

Medical studies conducted in 2003 showed that the incidence of common childhood infections such as diarrhoea, respiratory tract infections and otitis media or ear infection, as well as the risk of dying from these infections is lower in breastfed infants than in non-breastfed infants. Furthermore, exclusively breastfed infants have at least two and a half times fewer illness episodes than infants fed with breastmilk substitutes⁴.

Other studies conducted in the United States and Spain showed higher risks of hospitalization and dying in the first year of life among formula fed infants compared to babies who were

³ BreastfeedingTSEK: protect infant health, save lives (slide presentation) DOH, 2011.

⁴ The State of the World's Children. UNICEF, 2009.

breastfed exclusively or given either infant formula or other food to supplement breastfeeding for three months or more. Likewise, babies receiving formula or other foods are five times more likely to be hospitalized with diarrhoea and respiratory tract infections in the first year of life compared to babies fully breastfed for four months⁵.

1.3.3 What benefits can mothers derive from breastfeeding?

Mothers who breastfeed also gain both short and long-term benefits. The oxytocin released during breastfeeding is the same hormone that is responsible for contracting the uterus. Thus, putting the baby to the breast immediately after delivery reduces postpartum bleeding. Breastfeeding, thereafter, likewise helps the uterus to return to its previous size.

Postpartum depression can be avoided or reduced through breastfeeding as shown by prospective cohort studies which noted an increase in postpartum depression in mothers who do not breastfeed or who wean their child early. Moreover, if a woman is amenorrheic, and fully breastfeeding her infant during the first six months after birth, she has about 98 per cent protection against another pregnancy.

Breastfeeding saves both infant and mother's lives



Photo source: IYCF training of trainers slide presentation, DOH-CHD IX, Zamboanga City, 2013

In terms of long-term benefits, several studies have shown an inverse relationship between the cumulative lifetime duration of breastfeeding and the development of chronic diseases, with the risks for Type II Diabetes Mellitus, Rheumatoid Arthritis and Cardiovascular disease. The study points to the incidence of the disease being lowered when the duration of breastfeeding is greater than 24 months compared to 12 months⁶.

Cumulative lactation experience also correlates with a reduction of risk in pre-menopausal breast cancer and ovarian cancer. A re-analysis of data from 47 epidemiological studies in 30 countries

⁵ Anthony Lake. 2012. "Investing in Nutrition Security is Key to Sustainable Development", a reprinted article from G8: The Camp David Summit – Route 2012. UNICEF.

⁶ Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed countries: a pooled analysis. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Lancet 2000; 355: 451–5.

showed that the relative risk of breast cancer decreased by 4.3 per cent for every year of breastfeeding⁷.

Many companies around the world have already set aside specific areas designating them to be the quarters for breastfeeding mothers with their children. This is a step in raising workforce productivity since the working mothers no longer have the mental and emotional stress of thinking about the welfare of their children. Also with this step, companies are able to address possible productivity issues of breastfeeding employees. Studies have shown that working mothers are more productive when they are within the vicinity of their babies.

For example, in Estonia, additional breaks of not less than 30 minutes each for feeding a child under 18 months of age at least every three hours is granted. In Mongolia, mothers and single fathers are entitled to additional breaks for childcare or feeding. And if the mother dies or is unable to attend to the child because of a serious illness, additional breaks are given to the other parent. In Spain, mothers and fathers have the same right to take “nursing” breaks. This same kind of support, in terms of provision of nursing breaks, can also be observed among employers in Belgium, Colombia and Guatemala.



KEY POINTS

- ▶ There are existing international and national policy frameworks that provide the basis for ECBFW in the context of maternity protection and decent work.
- ▶ Overwhelming evidence has shown that exclusive breastfeeding secures infant health and saves newborn lives. Mothers who breastfeed gain both short and long-term benefits.
- ▶ It is important to monitor breastfeeding practice of women workers and compliance of establishments to provisions of the law on maternity protection in terms of ECBFW promotion.
- ▶ A major reason why mothers stop breastfeeding is the need to return to work which they consider disruptive or inconvenient for them.

⁷ Return on Investment from a Babies-at-Work Program. <http://www.parentingatwork.org>

International, national frameworks and local policies



2.1 What are the UN, ILO and other international frameworks on ECBFW promotion?

Nutrition security and maternity protection through the promotion of exclusive and continued breastfeeding in the workplace is enshrined in several UN, ILO and other international documents or promulgations that promote human rights. They provide the framework and legal mandate for ECBFW promotion.

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is the first legally binding, international instrument, that lays out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to be protected from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The right to exclusive and continued breastfeeding is in fact protected by two of the four core principles of the Convention highlighted herein, i.e. devotion to the best interests of the child; and the right to life, survival and development.



The right to life of every child includes enjoyment of optimum nutrition critical to growth and development during the first two years that can only be derived from exclusive and continued breastfeeding.

The [United Nations Convention on the Elimination of All Forms of Discrimination Against Women \(CEDAW\)](#), adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. The right to employment opportunities and benefits without prejudice to the performance of her reproductive and/or maternal function is very much enshrined in Articles 11 to 14 of CEDAW.

Furthermore, international labour standards have been consistent in expanding the scope of maternity protection ever since the programme's inception.

- The Maternity Protection Convention of 2000 (No. 183) requires ratifying countries to ensure that pregnant or breastfeeding women are not obliged to carry out work that is prejudicial to or pose significant risk to their health and safety or that of their children. Maternity protection covers all employed women in formal and informal economies, including those in atypical forms of dependent work, which involves a broad range of non-standard arrangements, such as: part time or casual work as in the case of store clerks and sales personnel; seasonal work, for endorsers and promotional agents; temporary agency work, for those employed those that stretch for six months at the most, a common situation in starting and/or mid-level

by a company but are still bound by the agency that deployed them; fixed term contracts, Business Process Outsourcing (BPO) companies; home-based work, which include online teaching or Search Engine Optimization (SEO) writing; and remote working.

ILO Convention No. 183, and the related Recommendation No. 191, likewise cites breastfeeding breaks and breastfeeding facilities as one of the five key elements to maternity protection which include maternity leave, cash and medical benefits, employment protection and non-discrimination and health protection.

- Work-family measures are family solutions intended to facilitate all workers' access to decent work by explicitly and systematically addressing and supporting their unpaid family responsibilities. The Workers with Family Responsibilities Convention, 1981 (No. 156) and its accompanying Recommendation (No. 165) provide guidance to support the formulation of policies that enable men and women workers with family responsibilities to exercise their right to engage, participate, and advance in employment without discrimination. Work-family measures can be taken at the national, community and workplace levels and are intended to make family responsibilities more compatible with paid work and to make working conditions more compatible with unpaid family responsibilities. The effective implementation of a well-designed and integrated work-family policies can play a role in: easing work-family tensions while balancing the share of work between genders both at home and at work; enhancing economic benefits for business; and improving social protection and reducing poverty. Work-family policies are preconditions for inclusive and sustainable economic recovery, since they act as social stabilizers, create jobs and promote women's work. Also, investment in basic public infrastructure can reduce the time burden of unpaid care work on women and children, thereby freeing time and energy for better job opportunities and education.

KEY POINTS

- ▶ Maternity protection in the workplace is a legal and social recognition of the women's reproductive rights.
- ▶ The following are UN, ILO Standards and other international frameworks that govern and support the Promotion of Breastfeeding in the workplace
 - The United Nations Convention on the Rights of the Child (UNCRC)
 - The United Nations Convention on the Elimination of Discrimination Against Women or CEDAW
 - The ILO Maternity Protection Convention, 2000 (No. 183)
 - The ILO Workers with Family Responsibilities Convention, 1981 (No. 156).

2.2 What national and local policy issuances are there that promote the practice of breastfeeding in the workplace?

The succeeding promulgations provide the basis for the adoption of measures to ensure NSMP through ECBFW. These also defines the services and support that each government instrumentality, as well as other concerned stakeholders in the business and labour sectors, can and must commit towards the promotion of nutrition security and maternity protection in the workplace in a coordinative and complementary way and along their respective mandates.

[Executive Order 51](#), series of 1996, otherwise known as The National Code of Marketing of Breast Milk Substitutes and Products or “The National Milk Code” which was signed by President Corazon Aquino provided the framework for breastfeeding promotion in the Philippines, particularly in terms of protecting infants and young children from the risks of bottle feeding.

[Republic Act 9710](#), otherwise known as “The Magna Carta of Women”, affirms the role of women in nation building and ensures the substantive equality of women and men in recognition of the fact that the economic, political and sociocultural realities affect women’s condition. It shall promote the empowerment of women, to pursue equal opportunities for both women and men, and ensure equal access to resources, and to the development of results and outcomes. Furthermore, the state resolves that equality of men and women demands the abolition of structures and practices that perpetuate discrimination and inequality. To realize this, it directs the state to develop plans, policies, programmes, measures and mechanisms to address discrimination and inequality in the economic, political, social and cultural life of women and men.

[Republic Act 10028](#), also known as the Expanded Breastfeeding Promotion Act of 2009 mandates all health and non-health facilities including private and public workplaces to:

- Come up with a workplace policy that provides a clear set of guidelines to protect, promote and support breastfeeding programme.
- Set-up lactation facilities in all health and non-health facilities including private and public workplaces. The lactation stations shall be adequately provided with the necessary equipment and facilities, such as lavatory for hand-washing, unless there is an easily accessible lavatory nearby; refrigerator or appropriate cooling facilities for storing expressed breast milk; electrical outlets for breast pumps; a small table; comfortable seats; and other items, the standards of which have been defined by the DOH. The lactation station shall not be located in the toilet.

- Grant lactation periods to all nursing employees in addition to the regular time-off for meals to breastfeed or express milk. The compensable breaks, which shall include the time it takes an employee to get to and from the workplace lactation station, shall not be less than a total of 40 minutes for every eight-hour working period.
- Conduct of information, education and re-education campaign attuned to the needs of targeted sectors.
- Enforce strict measures by all health and non-health facilities, establishments or institutions, both public and private, to prevent any direct or indirect form of promotion, marketing, and/or sales of infant formula and/or breast milk substitutes within the lactation stations, or in any event or circumstances which may be conducive to the same.

The [Department of Labor and Employment \(DOLE\)](#), for its part, issued Order No. 56-03, on the promotion of Family Welfare Programme (FWP) in the workplace to be carried out by the employer through a Family Welfare Committee (FWC) or similar workplace-based special body composed of representatives of labour, management and the plant clinic, if there is any. Moreover, it issued Department Advisory No. 3, Series of 2009, enjoining all regional offices and concerned central offices of the department to intensify implementation of the Family Welfare Programme (FWP) through provision of Family Health Programme Services in all establishments. This is in collaboration and coordination with partner agencies, particularly the National Center for Disease Prevention and Control (NCDPC) and its implementing arm at the regional level which are the Centers for Health Development (CHD), as well as family welfare federations and other relevant organizations.

The [Department of Interior and Local Government \(DILG\)](#) issued Memorandum Circular No. 2004-152 to provide the guidelines to local government units (LGUs) on the localization of the MDGs, which specified strategic options to attain national targets. The said circular mandates the LGUs to include maternal mortality rate as part of the core local poverty indicators for consideration in the development of a more focused, customized and responsive poverty reduction plans; for better targeting of the services for the poor and the vulnerable; and monitoring and evaluation of outcome or impact of interventions. This is to ensure the provision of comprehensive pre-, intra- and post-natal care for all pregnant women; establishment and upgrading of primary hospitals, maternal clinics, and other health facilities for obstetric care.

2.2.1 Key health policies and programmes that mandate breastfeeding for infants and young child

After the highly successful implementation of the Mother and Baby Friendly Hospital Initiative (MBFHI) in the 1990s, compliance began to slip for varying reasons. In the early 2000s, there

were hardly any trainings or assessment activities conducted to address these issues. Since the adoption of the Global Strategy for Infant and Young Child Feeding (IYCF) and the development of the Philippine National Plan of Action for IYCF, a retrospective study that has been done indicated that the backsliding was substantial. As a result of the study, new guidelines for implementing MBFHI were drafted based on the newly revised global MBFHI materials. These are:

- DOH Administrative Order (AO) 2007-0026. Revitalization of the MBFHI in Health Facilities with Maternity and Newborn Care Services.
- DOH AO 2008-0012. DOH Partnership with Department of Labor and Employment (DOLE) for Strengthening Support for Workplace Health Programmes.
- DOH AO 2008-0029. Adoption of the Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy to reduce maternal and neonatal mortality rates faster from 2007 to 2015 to meet MDG targets and sustain these thereafter. The Integrated MNCHN Service Package incorporates the following:
 - health financing to increase resources using combined financing strategies from DOH, LGU, plus PhilHealth;
 - health service delivery which include interventions on Basic Emergency Obstetric and Neonatal Care or BEmONC and Comprehensive Emergency Obstetric and Neonatal Care or CEmONC;
 - health Regulation to provide measures and guidelines for health facilities and health staff;
 - governance for health which includes establishment of mechanisms for efficiency, transparency and accountability, as well as prevention of opportunities for fraud particularly in terms of budget allocation and utilization for EBF promotion;
 - ensure access to professional health care providers; and
 - establishment of a modern health information system.
- The Infant and Young Child Feeding Strategic Plan of Action for 2011 and 2015 of the DOH is based on the following guiding principles:
 - Children have the right to adequate nutrition and access to safe and nutritious food, and both are essential for fulfilling their right to the highest attainable standard of health.
 - Mothers and infants form a biological and social unit, and improved IYCF begins with ensuring the health and nutritional status of women.
 - Almost every woman can breastfeed provided they have accurate information and support from their families, communities and responsible health and non-health related institutions during critical settings and various circumstances including special and emergency situations.

- The national and local government, development partners, non-government organizations, business sectors, professional groups, academe and other stakeholders acknowledges their responsibilities and form alliances and partnerships for improving IYCF with no conflict of interest.
- Strengthened communication approaches focusing on behavioral and social change is essential for demand generation and community empowerment.

2.3 Assessing the theories with the practice: what do we know and what do we have?

As in any programme, the effective planning, implementation, monitoring and evaluation of NSMP through ECBFW promotion require an evidence-based approach. Programme implementers need to look at the status of ECBFW for a more strategic and focused targeting of sectors to be engaged, as well as identification of essential success indicators. Moreover, it helps in the advocacy work among critical stakeholders to present evidences on existing models of ECBFW program and partnerships. Experience has shown that building on what is already on the ground and learning from practices that work can save on human and material resources as well as time.

The foregoing discussion accounts for various studies conducted in relation to ECBF promotion in the workplace prior to and as part of the implementation of the NSMP Project of ILO with funding support from UNICEF-EU.

The [Compendium of Exclusive Breastfeeding Initiatives in the Workplaces](#). The document basically presents the state of exclusive breastfeeding in the workplaces in the Joint Programme areas of the MDG-2030 Project or the Joint Programme on Ensuring Food Security and Nutrition of Children 0-24 months in the Philippines, including some documented good practices.

In the series of regional consultations of interventions to promote exclusive breastfeeding in the workplaces held in the cities of Iloilo, Zamboanga and Naga in the third and fourth quarter of 2010, a cursory survey of participating establishments represented was done. The survey during the three consultations showed that quite a momentum has been built upon earlier efforts of government, principally the DOH and DOLE, together with its UN partner agencies in terms of promoting breastfeeding and related concerns, as cited below.

- Almost all of the respondents (26 out of 30) reported a “favourable” attitude of their management towards breastfeeding in the workplace, while close to half (13) said they already have a breastfeeding programme in place.
- Less than a fourth of the respondents (7) reported hearing about breastfeeding in the workplace before the conduct of the regional consultations, while 15 claim to learn about breastfeeding only during the conduct of the same consultation.

However, when asked if the breastfeeding initiatives are part of the Collective Bargaining Agreement (CBA), only three (10 per cent) responded in the affirmative.

Moreover, there are establishments which have responded to the need for workplace support for nursing mothers who wished to continue breastfeeding after returning to work from maternity leave through their own initiatives. These pioneering establishments include:

- **Bangko Sentral ng Pilipinas (BSP).** The bank's breastfeeding initiatives were inspired by a small group of breastfeeding mothers, who, finding common ground in their experiences, banded together to work for the establishment of lactation stations in their workplace. It is the story of how attention to planning and the use of research data can go a long way in convincing a larger base of stakeholders, represented here by the employees' association and management, about the need for the facility. Finally, it is the story of how the initiating breastfeeding mothers nurtured the ground for breastfeeding that was laid down by its Wellness Division and closely worked with it in carrying the initiative to where it is now.
 - What used to be comfort rooms for female executives were converted to lactation rooms with two cubicles each, equipped with the necessary structure and materials such as a lavatory, storage cabinet, water heaters to sterilize breast pumps, freezer that was procured through the initiative of the employees and IEC materials on breastfeeding and child-rearing.
 - The wellness division of the Human Resources Management and Development (HRMD) monitors the optimal usage of the lactation room, good housekeeping, updating the information board, as well as organizing various fora on breastfeeding.
- **Accenture (Philippines),** a global management consulting, technology services and outsourcing company, provides employment to about 18,000 Filipinos in Cebu and Metro Manila. Since 50 per cent of its employees is comprised of women, the idea of initiating a breastfeeding program in the company came about. The Accenture Working Moms Organization (AMWO) was inevitably organized by a senior executive, who also acted as the group's community sponsor or link to the top management. Some key components of their breastfeeding program include:
 - Regular "Mommy Talks" hosted by AMWO, which serve as a venue for working mothers to learn and share their concerns and experiences, and how to best address them, including talks on breastfeeding benefits and how it is possible to continue breastfeeding when the nursing mother returns to work after her maternity leave.
 - Setting-up of breastfeeding rooms for Accenture's nursing mothers. Each of the breastfeeding rooms in Accenture is called a Diana Room, after the Roman goddess of harvest, childbirth and abundance. There are now three Diana Rooms, one for each of

the following locations: Globe Telecom Tower, Robinsons Cybergate and the Philippine Stock Exchange Building. These are where Accenture's Manila-based workforce are mainly concentrated.

- Accenture's lactating mothers may also use available Quiet Rooms for expressing their milk, in case the Diana Rooms are too far from them. Quiet Rooms are small rooms located all over their facilities that are used for small-group meetings, counseling or such activities where privacy, confidentiality and a calm or quiet environment are needed.
- **Aegis People Support**, is a global BPO company with a workforce of 10,000, 95 per cent of which are women of reproductive age. In line with its aim to provide a more mother-friendly working environment, the company established its own breastfeeding initiative in June of 2010, which include the following:
- Distribution of both printed and electronic information materials on the practice to all its employees - from top management to call center representatives.
 - Information campaigns on breastfeeding have also been coupled with raffles and contests to increase employee awareness and practice.
 - Launching of Café au Lait--coffee and milk--at the People Support Center on 29 July 2010, which refers to the company's nursing stations. It was initially available only on the third floor, but after four months, these had grown to nine lactation stations which they refer to as lactation rooms, or at least one on each floor. All of them are portable to allow flexibility when it comes to floor plan changes, which often occur in the BPO industry. Each lactation room is provided with mirrors, hooks for clothing/bags, personal refrigerator exclusively for breastmilk storage, light dimmers to suit mothers' personal lighting preferences, dual-voltage power outlets for electric pumps and information material on breastfeeding, milk expression and storage.
 - Talks on parenting and nursing.
- **Miriam College**, a non-profit, non-stock educational institution offering programmes at the basic, tertiary, graduate and adult education levels, located along Katipunan Avenue in Loyola Heights, Quezon City. Having a long history of advocacy for women empowerment, supporting breastfeeding mother easily became an integral part of the school's overall efforts to look after the well-being of its employees which include:
- Holding a series of monthly Wise Up to Wellness talks, a number of which were dedicated to breastfeeding, motherhood and other health issues affecting women by the Integrated Lifestyle and Wellness (ILAW) Center.
 - Setting-up a breastfeeding room at Miriam's Day Care Center, a recycled container van redecorated and repainted inside and out to look like a small house.
 - Nursing employees who do not want to go far can opt to express milk in the lounges located in both the north and south wing areas of the college. All these lounges are equipped with refrigerator and can provide nursing mothers with needed privacy.

- As a sign of its flexibility, there have also been instances when the college would allow employees living near the area (in Loyola Heights, for example) to leave the school in the middle of the day to express milk at home.

■ **Lactation-Friendly Corners in Region III.** The putting up of these facilities were made possible through the efforts of DOLE Regional Office III implementers, particularly Ms Regina Agustin and Ms Glenda Romero. Prompted by their attendance in the Labor Management Forum on Establishing Workplace Child Care Facilities and Services Under the Family Welfare Program in 2008 organized by the Bureau of Workers with Special Concerns (BWSC), they embarked on working towards the establishment of said facilities after orienting the following companies of the Clark Development Corporation (CDC):

- SMART Shirt (Philippines), Inc., a garments firm with over 3,000 workers, majority of which are women; and
- ADERANS Philippines, manufacturer of wigs and other hair accessories for export.

There is also a growing number of individuals who are dedicated breastfeeding advocates, profiles of whom can be found in the compendium.

2.3.1. Baseline studies/surveys in the three joint programme areas: Naga City, Iloilo City and Zamboanga City

The baseline studies or surveys were conducted to determine the status of ECBFW practice and programmes in the JP areas, the findings of which served as basis for planning strategic interventions to be implemented by the ILO NSMP Project in partnership with the concerned government agencies and LGUs, as well as organizations from the business and labour sector, both from the formal and informal economy.

A baseline survey was conducted by the Employers' Confederation of the Philippines (ECOP) in 2011 among its six member companies in the three JP areas of Naga City, Iloilo City and Zamboanga City. The study measured the awareness level of workers on maternal and child health concern including exclusive breastfeeding and infant feeding practices and assessed the exclusive breastfeeding rates in the company. It also determined the existing mechanism in the worksites such as policies and programs as well as internal capacity and needs in relation to ECBF promotion. The two survey instruments used for this study, one for the employer's perspective and another for the employee's perspective, can be found in Annex 4 of this toolkit.

A similar study was conducted by the National Anti-Poverty Commission (NAPC) in 2011 which focused on existing interventions to support women in the informal sector to breastfeed, as well as the IYCF practice among workers in the informal sector. The study, likewise, looked into the challenges faced by stakeholders and implementers in promoting ECBF programmes. The results

of both studies became the basis for the design and development of ECBF programmes in the workplace for their respective target sectors as members of the TWG for the NSMP Project. For ECOP, these are their member companies and their employees. For NAPC, the model intervention was developed and implemented in partnership with the Alliance of Workers in the Informal Economy/Sector (ALLWIE/S) which represents the sector in the National Anti-poverty Council.

2.3.1a Findings and recommendation of the studies

The ECOP study points to the fact that while some companies have established family welfare and corporate social responsibility programmes, not all employers are fully aware of the importance and relevance of breastfeeding as a programme in the workplace. Thus, it proposes to enhance dissemination of more information and/or conduct education campaigns on the benefits of establishing breastfeeding programmes in the workplace, not only to the employees, but also to the company's overall performance and productivity.

The NAPC study on the other hand showed that while there is an existing ordinance passed in each of the three cities on EBF promotion for women in general, it does not consider the peculiar conditions and requirement of working women in the informal sector. Thus, it does not provide the mechanisms to track implementation of its provisions in relation to ECBF in the workplace among the workers in the informal sector (ECBF-WIS), and necessarily do not adequately reflect specific measures to support ECBF promotion in the workplace. Moreover, the crucial role of the fathers, as well as the amount of family support to the mother's decision to breastfeed her child, are not part of the EBF programme being implemented. The crucial role of the fathers, as well as the amount of family support to the mother's decision to breastfeed her child, are not part of the EBF programme being implemented supposedly for women. Contributing to this is the fact that existing LGU programmes on EBF in the three JP cities are not customized to target the workers in the informal sector due to the following:

- lack of segmentation of clients as to stay home mothers, employed women and those working in the informal economy;
- weak knowledge and attitude of front liners on lactation management; and
- lack of understanding of the socio-economic conditions and barriers to the initiation of exclusive and continued breastfeeding by women in the informal economy sector.

In this regard, the study recommends customization of the programme on EBF to consider conditions of women in the informal economy sector, including interventions to create the enabling environment in their various workplaces to be able to practice ECBF. There is also a need to enhance the knowledge, attitude, and skills of EBF programme front liners on lactation management principles and techniques. A common monitoring tool that will be used by all stakeholders and local program implementers need to be developed to monitor the implementation, as well as provision of needed services, facilities, technical and budgetary support for ECBF-WIS.

Lastly, there is a need to create a broad network of ECBF champions and multi-sectoral partnerships to sustain efforts on EBF promotion and counteract efforts to undermine breastfeeding among WIS.

Another baseline study focusing on practices, programmes and interventions on EBF, IYCF and maternity protection in the workplace was likewise done in only two of the three JP areas, namely Iloilo City and Naga City, due to peace and order problems in Zamboanga City at the time of the study. The study covered 22 formal sector establishments (11 in Naga City; 11 in Iloilo City) and 14 informal sector organizations (nine in Naga City; five in Iloilo City). The objectives of the study were to identify current programmes on EBF, IYCF and Maternity Protection of selected establishments, and determine the extent of the services provided to the target workers.

2.3.1b Summary of findings: baseline study on practices, programmes and interventions on EBF, IYCF and maternity protection

- In terms of the nature of the organizations, the study found that:
 - About 90.01 per cent of the business establishments in Naga City and 63.50 per cent in Iloilo City have less than a dozen employees. Majority of the businesses in both cities of Naga and Iloilo are micro business enterprises. These businesses are involved in general merchandise, food, and other ventures.
 - Informal organizations are mostly comprised of the transport groups, market vendors and volunteer workers.
 - Only a few business establishments have more than 200 workers, most of which are universities, electric cooperatives and transport groups.
- In terms of access to programmes and services on ECBF, the following findings can be deduced from Table 3 below:
 - While all establishments claim to provide maternity protection to their workers in terms of cash and medical benefits and maternity leaves, only a few provide for IYCF orientation and programme of services. Promotion of IYCF is also not available for both formal establishments and informal organizations, except for the Bicol Medical Center, and that only one establishment and one informal organization among those interviewed received IYCF training.
 - Despite the presence of lactation stations in the formal establishments in Iloilo City and Naga City, and the provision of a 40-minute lactation break, most of them do not have written policies on these practices.
 - Two out of nine informal organizations in Naga City have access to breastfeeding services and facilities in the workplace, while in Iloilo City, more than half of the informal organizations interviewed claimed to have access to EBF services.

- Formal establishments and informal organizations with EBF services target pregnant workers and lactating mothers.
- There is positive response among workers in the use of the EBF services in the workplace in both Naga and Iloilo cities.
- There is no clear monitoring on compliance status to the National Milk Code.

Table 3. Establishments and informal sector organizations with programmes on EBF, IYCF and FWP

	Naga City	Iloilo City
Formal establishments	N=11	N=11
Exclusive Breastfeeding (EBF)	3	8
Infant and Young Child Feeding (IYCF)	0	0
Maternity Protection (MP)	11	11
Informal organizations	N=9	N=5
Exclusive Breastfeeding (EBF)	2	5
Infant and Young Child Feeding (IYCF)	0	0
Maternity Protection (MP)	0	0

- In terms of maternity protection:
 - All of the formal establishments in Naga City and Iloilo City claim to provide maternity protection benefits (maternity leave, paternity leave; cash and medical benefits, as well as health and employment protection), except for one establishment in Iloilo City. Similarly, more than half of the formal establishments are capable to provide the complete array of the maternity protection benefits.
 - Informal organizations seem to be unable to provide for maternity protection benefits to workers. Most of the maternity protection benefits are provided only to regular workers only in both formal and informal establishments in Naga and Iloilo cities.
 - While all formal establishments claim to provide work assurance for women workers returning after childbirth, only few of the informal organizations seems to be capable of doing so.
 - There are a few formal organizations in Naga and Iloilo cities which still require pregnancy tests and/or ask about the child rearing plans of women applicants before hiring.
 - Majority of formal establishments have breastfeeding arrangements for their workers. Only a few of the informal organizations have these arrangements in place.
- In terms of presence of workplace policies and programmes:
 - An initial list of establishments are registered to have EBF, IYCF and FWP programs.
 - Most formal establishments have maternity protection programmes, some have exclusive breastfeeding. In contrast, informal organizations have exclusive breastfeeding programmes but no maternity protection services.

- Trainings on infant and young child feeding programmes were received but not yet implemented in the workplaces for both formal establishments and informal organizations.

Table 4 . Establishments and organizations with ECBF Policies

Formal establishments	N=11	N=11
Provide breastmilk collection and storage	4	7
Establish lactation station	6	7
Allow lactation periods	5	7
Provide all three services above	4	7
Provide lactation stations only	2	0
Do not have any provisions for EBF	5	4

2.3.2 Endline surveys

Endline studies are conducted to monitor and evaluate the effectiveness of the ECBFW programme and its impact to its target sector. A comparative analysis of the result of the endline study and that of the baseline study is done to assess whether the set goals prior to programme intervention were achieved or likely to be achieved. This will give programme implementers a good sense of what the programme intervention has achieved, the challenges therein and the way to move forward.

For the ECOP endline study, it looked at how the company and its employees have progressed in setting up the breastfeeding programme. It tried to determine how it has been beneficial to the employees' welfare and to the company's overall productivity and performance. It also gauged the general acceptance and awareness-level of both parties and the other stakeholders on breastfeeding as a programme in the workplace. The same research instruments used in the baseline study were used for the endline study.

The endline study conducted by the NAPC in 2014 focused on the implementation of ECBF-WIS under the NSMP Project. The study used both quantitative and qualitative methods of gathering data taking into consideration the baseline study done in 2011. The objectives of the study were:

- To determine the knowledge, attitude and practice on ECBF of women among the WIS who were reached by the NSMP project and compare this with data taken from the baseline.
- To assess the enhancement made of the EBF programme for WIS by the LGU and the organized WIS in terms of programme development, management and monitoring.

- To describe the challenges addressed and /or still persisting in the EBF-WIS programme implementation and management in the three JP areas.

2.3.3 Cost-effective analysis of infant and young child feeding practices in the workplace

Two separate studies were conducted on this. One was done by the ECOP which covered member companies in Metro Manila, while the other one was conducted in the three JP cities of Naga, Iloilo and Zamboanga by the HEALTHDEV Institute. These studies may be considered just an initial step to conduct later on a more comprehensive and systematic study on benefits of breastfeeding in workplaces in the Philippines. The main objective of the study is to analyze the economic impact of EBF/IYCF promotion in workplaces to the company and to the employee's household, where IYCF's economic impact will be further analyzed based on types of feeding (exclusive and continued breastfeeding, mixed feeding, formula feeding) and periods (six months, shorter than or longer than six months) as independent variables.

The advantage of conducting a pre-smaller study is it brings to the fore the constraints, issues, and difficulties of conducting such research in a proper perspective from the viewpoint of scientific research. Many previous studies have already proven that breastfeeding is cost-effective than formula feeding given the evidence of reviewed literature. However, the monetization of the real value if breastfeeding standards are targeted and followed will have to be done sometime to convince firms to adapt best practice policies. The value, however, of this study on cost-effectiveness of breastfeeding on selected firms, both in Metro Manila and in the three JP cities, is to provide the initial statistical evidence of significant differences in cost-saving indicators, particularly in terms of (a) sickness incidence among children of workers, (b) work absences of workers, and (c) happiness and satisfaction of workers of their jobs and places of work. A copy of the research design and questionnaires used in these studies can be found under Annex 4 of this toolkit.

Significant findings of the study include the following:

- Cost-effectiveness from the working mothers' side:
 - Results and findings confirm that breastfeeding is cost-effective based on differences of expenses and incidence of sickness of children (less cost for mothers).
 - The monetary valuation on cost-effectiveness of breastfeeding shall be computed on the lesser probability (15 per cent in Iloilo and 18.6 per cent in Zamboanga cities) of breastfed children from being sick.
 - About 18.6 per cent less in Flu/Fever/Colds in Zamboanga City. (Means, 0.186×1.12 times that a child in Zamboanga gets sick every six months if not breastfed x average expense in taking care of a child with flu/fever/colds).

- About 15 per cent less in Flu/Fever/Colds in Iloilo City. (Means, 0.15 x 0.80 times that a child in Iloilo City gets sick every six months if not breastfed x average expense in taking care of a child with flu/colds).
- Cost-effectiveness from the firms' side:
 - It is cost-effective to the firms with regards to number of absences of working mothers, which is less among breastfeeding mothers, but the difference is only small over the 2010 – 2014 period.
 - As far as total absences of women employees because of child sickness, it appears that women workers who breastfeed have less. Child sickness positively identified as reason for absences of working mothers over the past four years and more.
 - The monetary valuation on cost-effectiveness from the firms' view of interest is the lesser number of absences among working mothers. This means that every time a woman worker skips work for whatever reason, it cost the firm Php 1 034 pesos per worker per year in Zamboanga City (based on 2013 prices and Tobit estimates) and Php 280 per worker per year in Iloilo City.
- In terms of the impact of the firms' breastfeeding policy and facilities:
 - The result in finding the determinants of breastfeeding decision of working mothers is that the decision on the type of feeding (whether EBF, mix-feeding, bottle-feeding with infant formula milk) lie solely with the women workers without much influence from the companies. This is true even of firms with written EBF policy and lactation rooms, company breastfeeding information, and formation of support groups for lactating working mothers.
 - The presence of EBF policy and lactation rooms in the manufacturing companies in Zamboanga City is statistically insignificant in influencing women to breastfeed. It strongly conveys that the decision to breastfeed follows the working mothers' values and behavior in seeking health for themselves and their children.
 - In Iloilo City, most of the women workers interviewed are in the service industry. Thus, they may respond positively to introduction of lactation rooms, policies and breaks as shown by the results in finding the determinants of breastfeeding decision of working mothers.
 - The nature of manufacturing jobs in Zamboanga City maybe the reason for women workers not to respond to breastfeeding and lactation promotion policy and facilities, considering the rigid demand on output in production lines.

What is evident in the study is the fact that while provision of lactation breaks as well as lactation stations equipped with necessary facilities and amenities may be supportive to ECBF, ultimately, the deciding factor is the mother's resolve to practice ECBF. Thus, the challenge really is in raising women's awareness on the health and economic benefits of breastfeeding to her child and herself.

Application and practice of exclusive breastfeeding in the workplace



3.1 All you need to know to prepare for breastfeeding

3.1.1 Pre-natal preparations for breastfeeding⁸

The decision to breastfeed must be made by the mother during pregnancy so that she can adequately prepare herself mentally and emotionally for the art of breastfeeding. A woman's breast already prepares milk by the third trimester. As they decide on their feeding options, it is important to assure mothers that they can breastfeed regardless of the shape of their nipples or the size of the breast. Some mothers labeled as having “inverted” nipples do not bother trying at all. With proper support, they can.

Many women are not used to thinking about their breasts as functional organs, and therefore, need to understand the rapid changes occurring in their breasts during pregnancy. They may need persons who can sympathetically talk about this changing body image and promote positive thinking towards their new role as mothers. This is especially so for women who have never experienced breastfeeding nor watched another woman breastfeed, and therefore may be vague about the dynamics. Thus, basic breastfeeding techniques should be taught before their babies are born. Physicians and breastfeeding counselors can use models or illustrations to reinforce the learning process during prenatal examination or counseling sessions.

A lot of misconceptions or notions about common breastfeeding problems can be readily corrected and addressed simply by understanding how breast milk is formed. The

breast or mammary gland is wonderfully made to sustain the life of an infant from birth until the time it can feed itself. Its main function is to naturally provide complete nourishment to a newborn child.

The entire process, from breast milk production to milk expression or breastfeeding, is called lactation. The two hormones produced by the pituitary gland in the brain mainly responsible for this process are prolactin and oxytocin. Prolactin is responsible for milk production, while oxytocin is responsible for milk ejection or release. When a baby suckles, nerve impulses are sent to the brain directing the pituitary gland to release prolactin into the blood causing the alveolar cells to produce milk in the alveoli.

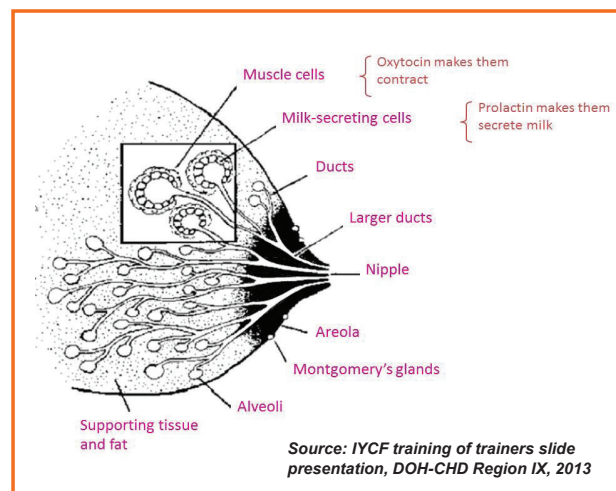


Figure 3. Anatomy of the breast

⁸ Livingstone V. Prenatal Lactation Assessment. JSOGC 1994;16:2351-9

At the same time, it directs the pituitary gland to release oxytocin into the bloodstream causing the muscles around the alveoli in the breast to contract and squeeze milk to the ducts and out through the nipples. Simply put, lactation operates through the principle of demand and supply. The more milk is expressed either by an infant's suckling or by manual expression, the more milk is produced. Consequently, if mothers are not provided with regular lactation breaks to allow direct feeding or milk expression during work periods, their milk will eventually dry up.

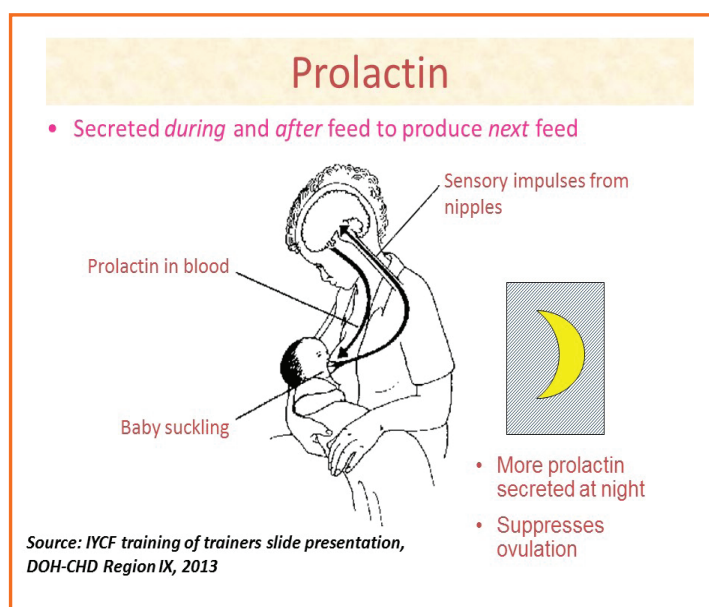


Figure 4. How Prolactin works

Information should be disseminated in any forms but must be taken from a relevant and reliable source and not through some industry-developed infant feeding literature or videotapes. Biases can be blatant and give mixed messages to breastfeeding families.

Inadequate milk expression is the most common reason given for stopping breastfeeding earlier. However, there are other factors that should also be considered when preparing a soon-to-be mother for breastfeeding, which include psychological and social risk factors, factors that sometimes make a bigger impact than the physical factors.

3.1.1a Psychological factors

- **Beliefs.** Many women have their own preconceived ideas about feeding babies from their own bodies, which would lead to anxieties and genuine concerns over their ability to breastfeed. These include:
 - Mothers feeling their breasts are too small, the nipples too large or even fear the consequences of the changes in the appearance of their breasts.
 - They may also have had previous unsuccessful breastfeeding experiences, or have family members who offer negative or baseless advice.
- **Attitude.** A person's knowledge or level of understanding of anything that is beneficial to him or her does not necessarily translate to it being practiced or adopted. The latter is dictated by a person's attitude or way of doing things or of being, which in turn is influenced by a person's lifelong experience and value sets. It is important therefore, for the physician or breastfeeding counselor to explore the woman's attitudes towards breastfeeding, returning to work and breastfeeding in public. Exploring these attitudes

during prenatal examinations and consultations may help families to begin addressing their own attitudes.

- **Knowledge and skills.** The physician or counselor should explore the woman's knowledge on breastfeeding by finding out what are her existing ideas about infant feeding and more than that, how she is planning to feed her infant. Most of the time, the women who do not want to breastfeed their babies do not want to do so, due to misconceptions.

3.1.1b Social risk factors

- **Family support.** In the Philippines, where family ties are strong, a mother's decision to breastfeed her child are oftentimes reinforced or hindered by the amount of support they get from their own family, particularly the husband, her own mother, her in-laws, siblings and even grandmother. This is because they play a key role in child rearing, especially when she resumes her work and have to leave the child with them while she is away. Thus, the family members' appreciation of the value of breastfeeding could spell the difference whether a mother will continue or abandon breastfeeding. It is important, therefore, to involve them in infant feeding planning and ensure their cooperation, early enough or before she even delivers her child.
- **Peer support.** Different groups of women would certainly have peculiar needs based on their characteristics, i.e. whether they are single mothers, teenage mothers, working mothers or stay-at-home mothers. Working mothers, can be further classified according to whether they belong to the formal or informal economic/sector, and whether they are in a supervisory position or rank and file or production line. The specific challenges to breastfeeding based on their characteristic will define the kind of peer support they will require. This is where peer support programmes have been shown to be effective in addressing their particular breastfeeding concerns. Pre- and post-natal classes tailored to the needs of different groups can be developed.
- **Community support.** Even in these modern times, many women still feel shy, embarrassed, or uncomfortable about breastfeeding in public. They may breastfeed for a few weeks, but as they go back to their lives outside the home, they stop breastfeeding. Communities and business establishments are not well equipped to offer the woman enough privacy, and society gives mixed messages to continue breastfeeding about the appropriateness of breastfeeding in shops and restaurants. This requires a change of mindset. This is about creating a new norm in society where no one reacts strongly or with malice when seeing a woman breastfeeding in public, and that a

mother can breastfeed her child in a public place without hesitation or fear of being harassed.

- **Workplace support.** The mother's resolve to continue breastfeeding when she returns to work could be influenced by the amount of time she is allowed by her employer to express her milk during working hours. Thus, it is the responsibility of the employer or workplace manager to see to it that every lactating mother is afforded adequate privacy and time to express her milk while at work.



"Breastfeeding welcome here" sticker is posted on the door of a restaurant

3.1.1c How to deal with these hindering factors?

The World Alliance for Breastfeeding Action identified five circles of support that contribute to a mother's positive breastfeeding experience⁹. These are:

- **Family and social network circle.** This comprises the woman's immediate support system, and includes the husband, partner, family and friends. It is important for the mother to enlist the support of every member of the family particularly the husband. Some of the opportunities for other family members to bond with the baby, while at the same time allow the mother some amount of rest, include:
 - burping the baby after each feeding;
 - putting or rocking the baby to sleep;
 - helping in complementary feeding from six months onwards;
 - bathing and massaging the baby;
 - placing the baby on bare chest for skin-to-skin contact to familiarize the baby with the smell of the father and other family members;
 - cuddling the baby; and
 - talking to the baby, reading a book or singing a song to the baby.

Some concrete support that the husband or partner can give the mother while she breastfeeds, include:

- making sure that both mother and baby are comfortable;

⁹ www.wpro.who.int/philippines/areas/maternal_child_nutrition/newborn_mother_care/en/

- sitting together and enjoying the feeding process;
 - sharing in the household chores like cooking, cleaning, going to the market or grocery;
 - attending to the needs of the other children;
 - preparing food for the wife; and
 - giving her a massage.
- **Healthcare systems circle.** This is responsible for providing pre- and post-natal care that includes counseling for mothers before and after childbirth. During the prenatal period, physicians or breastfeeding counselors are given a window of opportunity to thoroughly screen pregnant women for certain biological, psychological, and social risk factors that might interfere with successful lactation or breastfeeding later on. A formal prenatal lactation assessment should be performed in the third trimester and should become a routine component of antenatal care for all women. The partner or spouse should take part in these assessments because he will play a pivotal role in helping the mother breastfeed with more confidence.
 - **Workplace and employment circle.** This is vital for employed women to succeed in breastfeeding as they transition back to work. Planning, flexibility and good child care can go a long way towards enabling a mother to maintain lactation during the hours spent away from her child. Ideally, every woman worker should discuss workplace options with her employer, including extended maternity leave, shorter or flexible work hours, or job sharing, and specific arrangements for lactation breaks prior to her delivery. Identification of a suitable place to express her milk in case the workplace has no specified lactation station, as well as the number and amount of time needed per lactation break will be easier to arrange with advanced planning.
 - **Government and legislation circle.** The role of government is to guarantee adequate and responsive legislation, as well as budget allocation, to ensure protection and support for breastfeeding mothers, and prevent aggressive marketing of infant formula. A multi-sectoral discussion about the issue of breastfeeding in public will also help mothers particularly in terms of setting-up systems and structures, both in the community and in the workplace to promote and support exclusive and continued breastfeeding.
 - **Response to crisis or emergency circle.** This involves special planning so as to properly care for the breastfeeding mother and her baby in times of natural disasters, family problems such as separation of husband and wife, or critical illness of the mother or child. In the Philippines, Republic Act 10028 or “Expanded Breastfeeding Promotion Act of 2009”, as stated in Section 5, mandates all public and private health institutions adopting rooming-in and breastfeeding to provide equipment, facilities and supplies for breast milk collection, pasteurization, storage and utilization. The DOH has likewise established the National Guidelines on Human Milk Banking, which summarizes the

process of setting-up a Human Milk Bank, including getting and screening potential breast milk donors. This is to ensure availability of safe mother's milk to infants who are in need of this, especially those in the neonatal intensive care unit, or whose mothers are seriously ill. This is to protect them from the hazards of infant formula and bottle feeding.

3.1.2 “Unang yakap” or Essential Newborn Care (ENC)

On 7 December 2009, the DOH launched the Unang Yakap Campaign. Unang Yakap protects the newborn and breastfeeding by:

- a) removing routine interventions proven to be harmful (e.g. suctioning);
- b) doing routine interventions after the first breastfeed (e.g. weighing, injections, eye ointment application); and
- c) ensuring practices known to contribute to breastfeeding success (e.g. skin-to- skin contact, continuous maternal support).



Initial experience of the ENC scale-up implementation programme in 11 hospitals has documented positive outcomes, with admissions to the neonatal intensive care units dropping by 50 per cent to 75 per cent in some hospital sites. Neonatal sepsis rates were reduced by as much as 70 per cent. There was a reduction in terms of newborn deaths by as much as 50 per cent in many of the sites. Practice of the recommended steps in the proper sequence approached universality¹⁰.

In the 33,421 cumulative live births across the 11 programme sites, this scale-up process has been effective in changing practices at sites that have manifested “ownership” and conscientious implementation of the practices. There was as much as a 75 per cent reduction in neonatal intensive care unit (NICU) admissions, term mortality and sepsis case fatality rates and increase in exclusive breastfeeding rates at seven and 28-day follow-up visits¹¹.

Furthermore, it was found that in one hospital, in an early prospective cohort of 1,459 newborns, babies who benefited from skin-to-skin contact were almost two times as likely to appropriately breastfeed within one hour compared to those who did not receive immediate skin-to-skin contact. Babies who were breastfed appropriately were almost two times more likely to exclusively breastfeed at 28 days. Skin-to-skin contact was associated with lower number of deaths and cases of sepsis, and other newborn complications. In addition, improvements were also seen in maternal care and infection control practices, and in reduced workloads and expenses. Breastfeeding initiation rates and duration of the first breastfeed have improved.

¹⁰ WPRO. Essential intrapartum and newborn care. World Health Organization Western Pacific Region Office, Philippines. 2014. <http://www.wpro.who.int/philippines/areas/einc/en/>.

¹¹ UNDP. Consolidated annual report on the activities implemented under the joint programme: strategy to improve maternal and neonatal health in the Philippines. United Nations Development Programme, Philippines. 31 May 2013. <http://mptf.undp.org>.

3.1.3 Exclusive and continued breastfeeding

What does EBF mean? Exclusive breastfeeding means that for the first six months from birth, nothing except breast milk will be given to babies. There is no need to even give water as breast milk is sufficient.

Why breastmilk?

- Breast milk is rich in high quality nutrients, easily digested and efficiently used by the baby's body.
- Breast milk provides all the water a baby needs. There is no need for any additional liquid. Numerous studies indicate that for infants who breastfeed exclusively and on demand, the water in the breast milk exceeds water requirements.
- Colostrum is also rich in antibodies, white blood cells and Vitamin A, which protects against infection and allergy, and reduces the severity of infections. During infancy, when the baby's immune system is not yet fully developed, breastfeeding will protect him from infections.

3.1.4 Continued breastfeeding with complementary food

By the age of six months, an infant's need for energy and nutrients starts to exceed what is provided by breast milk. The WHO/UNICEF Global Strategy on Infant and Young Child Feeding recommends indigenous, fresh and natural foods in combination with continued breastfeeding for infants of this age and young children. Introducing complementary foods will ensure that the child's need for energy and nutrient to attain optimum growth and development is adequately met. Guiding principles for appropriate complementary feeding are:

- continue frequent, on-demand breastfeeding until two years of age or beyond;
- practice responsive feeding (e.g. feed infants directly and assist older children);
- feed slowly and patiently, encourage them to eat but do not force them, talk to the child and maintain eye contact;
- practice good hygiene and proper food handling;
- start at six months with small amounts of food and increase gradually as the child gets older;
- gradually increase food consistency and variety;

- increase the number of times that the child is fed: 2-3 meals per day for infants 6-8 months of age, and 3-4 meals per day for infants 9-23 months of age, with 1-2 additional snacks as required;
- use indigenous foods that are noted for their high nutritive value;
- use fortified complementary foods or vitamin-mineral supplements as needed; and
- during illness, increase fluid intake including more breastfeeding, and offer soft, favorite foods.

The FNRI-DOST has compiled its comprehensive researches and studies on Philippine Food Composition Analysis from A-Z. Every food in either raw or cooked form has its corresponding nutritional value per 100 grams and the equivalent RDA or required daily allowance according to age.

3.1.5 Feeding in exceptionally difficult circumstances

Families and children in difficult circumstances require special attention and practical support. Wherever possible, mothers and babies should remain together and get the support they need to receive the most appropriate feeding option available. Breastfeeding remains the preferred mode of infant feeding in almost all difficult situations, for instance: low-birth-weight or premature infants; HIV-infected mothers; adolescent mothers; infants and young children who are malnourished; and families suffering the consequences of complex emergencies.

3.1.6 HIV and infant feeding

The evidence on HIV and infant feeding shows that giving antiretroviral drugs (ARVs) to HIV-infected mothers can significantly reduce the risk of transmission through breastfeeding and also improve her health. This enables infants of HIV-infected mothers to be breastfed with a low risk of transmission (1-2 per cent). HIV-infected mothers and their infants living in countries where diarrhea, pneumonia and malnutrition are still common causes of infant and child deaths can therefore gain the benefits of breastfeeding with minimal risk of HIV transmission.

Since 2010, WHO has recommended that mothers who are HIV-infected take ARVs and exclusively breastfeed their babies for six months, then introduce appropriate complementary foods and continue breastfeeding up to the child's first birthday. Breastfeeding should only stop once a nutritionally adequate and safe diet without breast milk can be provided.

When ARVs are not available, breast milk from other nursing mothers or human milk bank should be made available and accessible to mothers with HIV so as not to compromise the breastfeeding requirements of their child.

3.2 Myths and misconceptions about exclusive and continued breastfeeding¹²

✖ **Myths on poor milk production and supply:**

- Does frequent nursing lead to poor milk production, a weak let-down response and ultimately unsuccessful nursing?
- Should a mother space her feedings so that her breasts will have time to refill or limit breastfeeding to at most four to six times a day to maintain good milk supply?
- Does stress, fatigue and/or inadequate fluids and food intake cause poor milk supply?

✔ **Fact:**

- A lactating mother's body is always making milk. Her breasts function in part as "storage tank," some holding more than others. The emptier the breast, the faster the body makes milk to replace it; the fuller the breast, the more production of milk slows down.
- If a mother consistently waits until her breasts "fill up" before she nurses, her body may get the message that it is making too much and may reduce total production. Milk supply is optimized when a healthy baby is allowed to nurse as often as he/she indicates the need. The milk-ejection reflex operates most strongly in the presence of a good supply of milk, which normally occurs when feeding on baby's cue. Furthermore, research shows that when a mother breastfeeds early and often, an average of ten times a day, her infant gains more weight and she continues breastfeeding for a longer period.
- The most common causes of milk supply problems are infrequent feedings and/or poor latch-on and positioning; both are usually due to inadequate information on breastfeeding techniques provided to the mother. Suckling problems on the infant's part can also impact milk supply negatively. Stress, fatigue or malnutrition rarely causes milk supply failure because the body has highly developed survival mechanisms to protect the nursing child during times of scarce food supply.

¹² Marasco L. Common Breastfeeding Myths. LEAVEN, Vol.34 No.2, April-May 1998, pp.21-24

- ✘ **Myths on babies' requirement for breast milk:** Some misconception is that babies get all the milk they need in the first five to 10 minutes of nursing, that they need only six to eight feedings a day by eight weeks of age, to six feedings a day by three months, and no more than four or five feedings a day by six months of age.
- ✔ **Fact:** While many older babies can take in the majority of their milk in the first five to 10 minutes, this cannot be generalized to all babies. Newborns who are learning to nurse and are not always efficient at sucking, often need much longer to feed. The ability to take in milk is also subject to the mother's let-down response. While many mothers may let down immediately, some may not. Some may eject their milk in small batches several times during a nursing session. Rather than guess, it is best to allow baby to suck until he/she shows signs of satisfaction such as self-detachment and relaxed hands and arms. The baby will stop suckling when it had enough.
- ✘ **Myths on quantity vs quality of milk:** It is the amount of milk that a baby takes in (quantitative), not whether it is human milk or infant formula (qualitative) that determines how long a baby can go between feedings.
- ✔ **Fact:** Breastfed babies have faster gastric emptying times than formula-fed babies, which is approximately one-and-a-half hours versus up to four hours, due to the smaller size of the protein molecules in human milk. While intake quantity is one factor in determining feeding frequency, the type of milk is equally important. Anthropologic studies of mammalian milk confirm that human babies were intended to feed frequently and have done so throughout most of history.
- ✘ **Myths on proper timing of breastfeeding:** Some believe that mothers should never wake a sleeping baby to nurse them. However, others are of the belief that the metabolism of a baby is disorganized at birth that it requires the implementation of a routine or schedule to help stabilize this state of disorganization.
- ✔ **Fact:** Babies are uniquely fashioned from birth to feed, sleep and have periods of wakefulness. This is not disorganized behavior but reflects the unique needs of newborn infants. Over time, babies naturally adapt to the rhythm of life in their new environment and do not require prompting or training. While most babies will indicate when they need to eat, babies in the newborn period may not wake often enough on their own, and should be awakened if necessary to eat at least eight times a day. Infrequent waking to feed can be caused by labor drugs, maternal medications, jaundice, trauma, pacifiers and/or shutdown behavior after delayed response to feeding cues. In addition, mothers who wish to take advantage of the natural infertility of lactational amenorrhea find that the return of menses is delayed longer when baby continues to suckle at night.

- ✘ **Myths on correlating a mother's state of health to breastfeeding:** Some are of the belief that if a baby isn't gaining well, it may be due to the low quality of the mother's milk which may be attributed to her malnutrition. Thus, a mother must drink milk to make milk. Some also claim that frequent nursing can lead to postpartum depression.
- ✔ **Fact:** Studies have shown that even malnourished women are able to produce milk of sufficient quality and quantity to support a growing infant. Most cases low weight gain are related to insufficient milk intake or an underlying health problem in the baby. A healthy diet of vegetables, fruits, grains and proteins is all that a mother needs to provide the proper nutrients to produce milk. Calcium can be obtained from a variety of nondairy foods such as dark green vegetables, seeds, nuts and bony fish. No other mammal drinks milk to make milk. Postpartum depression, on the other hand, is believed to be caused by fluctuating hormones after birth and may be exacerbated by fatigue and lack of social support, though it mostly occurs in women who have a history of problems prior to pregnancy.
- ✘ **Myths on breast issues:** It is a popular belief among women that having small breasts may hinder breastfeeding. Likewise, breastfeeding mothers were often told that they must always use both breasts at each feeding.
- ✔ **Fact:** The size of a woman's breast does not dictate the amount of milk it will produce but the frequency of feeding. Every breast is designed to produce and store milk. As for using both breasts, it is more important to let baby finish the first breast first, even if that means that he doesn't take the second breast at the same feeding. Hind milk is accessed gradually as the breast is drained. Some babies, if switched prematurely to the second breast, may fill up on the lower-calorie foremilk from both breasts rather than obtaining the normal balance of foremilk and hind milk, resulting in infant dissatisfaction and poor weight gain. In the early weeks, many mothers offer both breasts at each feeding to help establish the milk supply.
- ✘ **Myths on pacifiers and nipple confusion:** The mother should not be a pacifier for the baby. There is no such thing as nipple confusion.
- ✔ **Fact:** Comforting and meeting sucking needs at the breast is nature's original design. Pacifiers (dummies, soothers) are literally a substitute for the mother when she can't be available. Other reasons to pacify a baby primarily at the breast include superior oral-facial development, prolonged lactational amenorrhea, avoidance of nipple confusion, and stimulation of an adequate milk supply to ensure higher rates of breastfeeding success.

✔ **Fact:** Breast and bottle feeding require different oral-motor skills and rubber nipples provide a type of “super stimulus” that babies may imprint upon instead of the softer breast. As a result, some babies develop suck confusion and apply inappropriate suckling techniques to the breast when they switch between breast and bottle.

✘ **Myths to support bottle-feeding:** It is important that other family members get to feed baby so that they can bond, too, which is the case when a baby is shifted to bottle-feeding. Likewise, nursing a baby after 12 months is of little value because the quality of breast milk begins to decline after six months.

✔ **Fact:**

- Feeding is not the only method by which other family members can bond with the baby; holding, cuddling, bathing and playing with the infant are all important to his growth, development and attachment to others. Moreover, they can be involved in cup feeding the baby with breast milk especially when the mother returns to work after childbirth.
- The composition of human milk changes to meet the changing needs of baby as he matures. Even when baby is able to take solids, human milk is the primary source of nutrition during the first year. It becomes a supplement to solids during the second year. In addition, it takes between two and six years for a child’s immune system to fully mature. Human milk continues to complement and boost the immune system for as long as it is offered.

✘ **Myths on child-directed feeding:** Child-directed feeding (nursing on demand) does not enhance maternal bonding behavior and even has a negative impact on the husband/wife relationship. Frequent nursing can cause a child to be obese later in life.

✔ **Fact:**

- The responsive parenting of cue feeding brings mother and baby into synchronization, leading to enhanced bonding. Moreover, mature parents realize that a newborn’s needs are very intense but also diminish over time. In fact, the teamwork of nurturing a newborn can actually bring a couple closer as they develop parenting skills together.
- Studies show that breastfed babies who control their own feeding patterns and intake tend to take just the right amount of milk for them. Formula feeding and early introduction of solids, not breastfeeding on demand, have been implicated in risk of obesity later in life.

3.3 Some techniques to support ECBF

3.3.1 Cup feeding

Babies may be unable to breastfeed directly for a number of reasons and in such situations supplemental feeds of expressed breast milk or artificial milk have traditionally been given by tube or bottle.

Step 9 of the UNICEF UK Baby Friendly Initiative requires that when a mother is unable to breastfeed, use of a teat should be avoided in order to protect breastfeeding, and this in part has led to an increase in the use of cup feeding as an alternative. The advantages of cup feeding are argued to be; that as the infant is required only to lap the milk and then coordinate swallowing and breathing, cup feeding can begin from as early as 30 weeks gestation; that “nipple-teat confusion” may be avoided; that the infant can pace the feed which enhances oxygen saturation and minimizes energy expenditure; that the oral experience for the infant can be positive and that parents can be involved.

If you are going to use a cup to feed your baby, it is a good idea for a medical adviser or lactation consultant to watch to make sure it is being done safely and effectively. The following points will help you to work out how to cup-feed safely. While cup-feeding may seem awkward to start with, it usually improves with practice. You may be surprised how quick and efficient it gets¹³.



Cup feeding a baby.

¹³ www.breastfeeding.asn.au/binfo/cup-feeding

■ Some helpful tips¹⁴

- Hold the baby in an upright or semi-upright position on your lap; wrap the baby with a cloth to provide some support and to stop his/her hands from knocking the cup.
- Hold the cup of milk resting on the lower lip so that the rim touches the baby's upper lip.
- Tip the cup so that the milk just reaches the baby's lips.
- A younger baby will start to take milk into his mouth with his tongue. A term or older baby will suck the milk, spilling some of it.
- DO NOT POUR the milk into the baby's mouth. Just hold the cup to the baby's lips and let him/her take it him or herself.
- When the baby has had enough, the baby closes his/her mouth and will not take any more. If the baby has not taken the calculated amount, he/she may take more at the next feed, or you may need to give feeds more often.
- Measure the intake over 24 hours – not just at feed.
- More importantly, make sure that your baby is fully awake, calm and alert.

3.3.2 Expressing breast milk

Expressing milk means squeezing milk out of your breast so that you can store it and feed it to your baby at a later time.

For most mothers, the best way to feed their babies' breast milk is usually at the breast, but there may be occasions when this is not possible and you need to express milk. For example: ¹⁵

- your baby is premature or unable to suck well;
- your baby is in the hospital and you can't be there for every feed;
- you are in the hospital and your baby can't be there for every feed;
- your breasts feel too full and uncomfortable; or
- you have returned to the paid workforce or other commitments.

Whether you will be separated from your baby for a short period of time, perhaps to do your grocery, or your maternity leave is over and needs to go back to work, these situations need not hinder you from continuously breastfeeding your child. Instead, it must inspire you more to maintain your maternal bond through your expressed breast milk.

¹⁴ WHO. Infant and young child feeding: Model Chapter for textbooks for medical students and allied health professionals. World Health Organization. 2009, p.34

¹⁵ Australian Breastfeeding Association. 2011. <https://www.breastfeeding.asn.au/bf-info/breastfeeding-and-work/expressing-and-storing-breastmilk>.

3.3.2.1 Preparation before milk expression

Preparing for breast milk expression is easy. All you need is your commitment and resolve to feed your baby and protect him/her from harm. Here are some steps to remember: ¹⁶

- Practice hygiene and proper hand washing technique before expressing or handling milk or breastfeeding equipment:
 - clean work surfaces/table;
 - wash bottles and containers; use wide-mouthed containers for the expressed milk;
 - wash hands with soap and running water: wet hands, lather hand with soap and rub hands hands in a rotating motion for 15 seconds, paying particular attention to the area around and under fingernails; and
 - dry hands with disposable paper towel or sterile single-use towel.
- Stimulate letdown reflex by:
 - relaxation technique – encourage mother to sit in a comfortable position. Take a few cleansing breaths, relax for at least five minutes.
- Remove mental and emotional baggage - think positively of the baby.
- Drink a glass of warm liquid.
- Apply warm compress to the breast.
- Direct nipple stimulation.
- Breast massage.



Handwashing technique.

3.3.2.1.a How to express breastmilk by hand?

The process of manually expressing breast milk and mastering the art of hand expression involves having an adequate knowledge of your breast. The basic technique was described and introduced by Chele Marmet, a lactation consultant and La Leche League leader in 1978, and has been widely utilized since. This lactation procedure is explained below.

¹⁶ NHS Choices. Expressing breast milk. 2012. www.nhs.uk/conditions/pregnancy/expressing-storing-breast-milk.

The Marmet technique of manual breast milk expression: ¹⁷

- Position the thumb and first two fingers on the breast about 1" to 1½" (2.5 to 3.75 centimeters) behind the base of the nipple.

- Use this measurement, which is not necessarily the outer edge of the areola, as a guide. The areola varies in size from one woman to another.
- Place the thumb pad above the nipple at the 12 o'clock position and the finger pads below the nipple at the 6 o'clock position forming the letter "C" with the hand, as shown. This is a resting position.
- Note that the thumb and fingers are positioned so they are in line with the nipple. Avoid cupping the breast.



Position thumb and fingers on the breast

- Push straight into the chest wall.
 - Avoid spreading the fingers apart.
 - For large breasts, first lift and then push into the chest wall.



Push straight into the chest wall

- Roll thumb forward as if taking a thumbprint. Change finger pressure from middle finger to index finger as the thumb rolls forward.

- Finish Roll. The rolling motion of the thumb stimulates the wave-like motion of the baby's palate. The milking motion initiates the baby's suck by compressing and draining the terminal milk ducts without hurting sensitive breast tissue.



Roll thumb forward as if taking a thumbprint.

- Repeat rhythmically to drain the terminal milk ducts.
 - Position, push, roll; position, push, roll...
- Rotate the thumb and finger position to reach other terminal milk ducts. Use both hands on each breast.

¹⁷ LLLI. Manual expression of breast milk: Marmet Technique. La Leche League International. Illinois, USA. October 2003. www.llli.org

▶ KEY POINTS

▶ Avoid these motions:

- Squeezing the breast. This can cause bruising.
- Pulling out the nipple and breast. This can cause tissue damage.
- Sliding on the breast. This can cause skin burns.

▶ Timing of the procedure (20 - 30 minutes)

- Express each breast for five to 10 minutes.
- Massage, stroke, shake for about one minute.
- Express each breast three to five minutes.
- Massage, stroke, shake for about one minute.
- Express each breast two to three minutes.

3.3.2.1.b How to express breastmilk through breast pump?

Breast pumps are either manually operated or electric. Hand-operated pumps are easier to use when your breasts are full than when they are soft. Some hand pumps can be used with one hand. Most have 'flanges' (funnel-shaped part) which covers your nipple and areola and fit the breast, drawing the milk out by suctioning and collecting it in a bottle-shaped or open-mouthed container.

To begin breast milk expression through the use of a breast pump, find a comfortable, quiet place and relax as much as possible to encourage let down. A quick breast massage, or leaning over and gently shaking your breast will help launch a letdown, as well as applying warm compresses over the breast. Always remember to practice good hygiene and proper hand washing technique before and after every milk expression.



- When you are ready to start pumping, moisten the flange with water, (or you may want to use a few drops of olive oil), and center the nipple in the flange.
- Follow the instructions on the pump, because the technique will differ depending on which type of pump you are using. If the pump has an adjustable vacuum, start out on minimum and increase as your milk starts flowing.
- Most pumps will give the better results on the higher suction settings, but if your nipples are sore or your breasts are tender due to engorgement or mastitis, keep the pump set on

the lower setting until your milk lets down. Some mothers get better results with medium suction levels and higher cycling speeds. You will have to experiment to see what settings work best for you¹⁸.

- Express from the first breast until the milk slows or stops then switch to the other breast. Change breasts like this until your milk reduces to a few drops from both breasts¹⁹.
- Allow yourself plenty of time. Expressing can take between 10 and 30 minutes.
- Put your name and the date on the container before storing the milk.
- Keep a spare top and some breast pads at work in case of leaks.

3.3.2.2 Labeling and storage of expressed milk

For convenience, store the milk in a sterilized container in the amounts that you normally use at a feeding. (If your baby typically takes three ounces, then store in three-ounce portions).

Remember to write the date on the bottle or bag before putting it in the refrigerator or freezer so you'll know when you pumped it. Use the oldest milk first.

If you do not have a fridge at work, store the milk in a cool bag with ice blocks that you have frozen overnight. Keep the bag in a cool place. You can insulate it with newspapers if you need to.

There are times that the milk may change color or separate (thick at the top, watery at the bottom) when stored. It is normal for the fat to separate and float to the top, and sometimes the milk has a bluish hue, especially early on. (Your milk color may also be affected by your diet or medications). Just shake the bottle gently before giving it to your baby.



A. Clean containers for storing expressed breast milk

B. Label containers, include date and time expressed

C. Store in freezer or insulated bag.

¹⁸ HSE. Breastfeeding and work: A guide for parents and employers. Health Service Executive. Dublin, Ireland. August 2010. www.healthinfo.ie.

¹⁹ Smith, A., BCLC. Breastfeeding basics: pumping and storing breast milk. November 2013. <https://www.breastfeedingbasics.com/articles/pumping-and-storing-breastmilk>.

3.3.2.3 Transport of breast milk

Use a cool bag for transporting expressed breast milk, and put it in the fridge once you reach home. Previously refrigerated breast milk can be kept cool (10 °C or below) for up to 24 hours when in a well-insulated bag with deep-frozen ice-packs. Take care not to freeze your milk by wrapping the ice packs in kitchen paper first. Ensure this milk is used within the recommended refrigeration storage times as mentioned in Table 5.

Table 5. Critical storage temperatures and duration

LOCATION	STORAGE TEMPERATURE	DURATION		COMMENTS
		Term	Preterm	
Countertop, table	Room temperature	6 hours	4 hours	Containers should be covered and kept as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated cooler bag	15°C	24 hours	12 hours	Keep frozen gel packs in contact with milk containers at all times, limit opening cooler bag.
Refrigerator	4°C	48 hours	24 hours	Store milk in the back of the main body of the refrigerator.
Domestic refrigerator (freezer, one-door)	- 15°C	2 weeks	2 weeks	Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk undergo degradation resulting in lower quality.
Domestic refrigerator (freezer, two-door)	- 18°C	2 months	2 months	
Milk bank freezers				
Unpasteurized	- 20°C	3 months	3 months	
Pasteurized	- 20°C	12 months	6 months	

Source: Department of Health, the Philippine Human Milk Banking (Manual of Operation), December 2013.

CHAPTER 4

Creating the enabling environment for breastfeeding in the workplace

Kumain ng iba't ibang pagkain araw-araw



ENHANCED CHILD GROWTH

COUNSELLING CARDS

IN THE CONTEXT OF A "CHILD-FRIENDLY MOVEMENT"

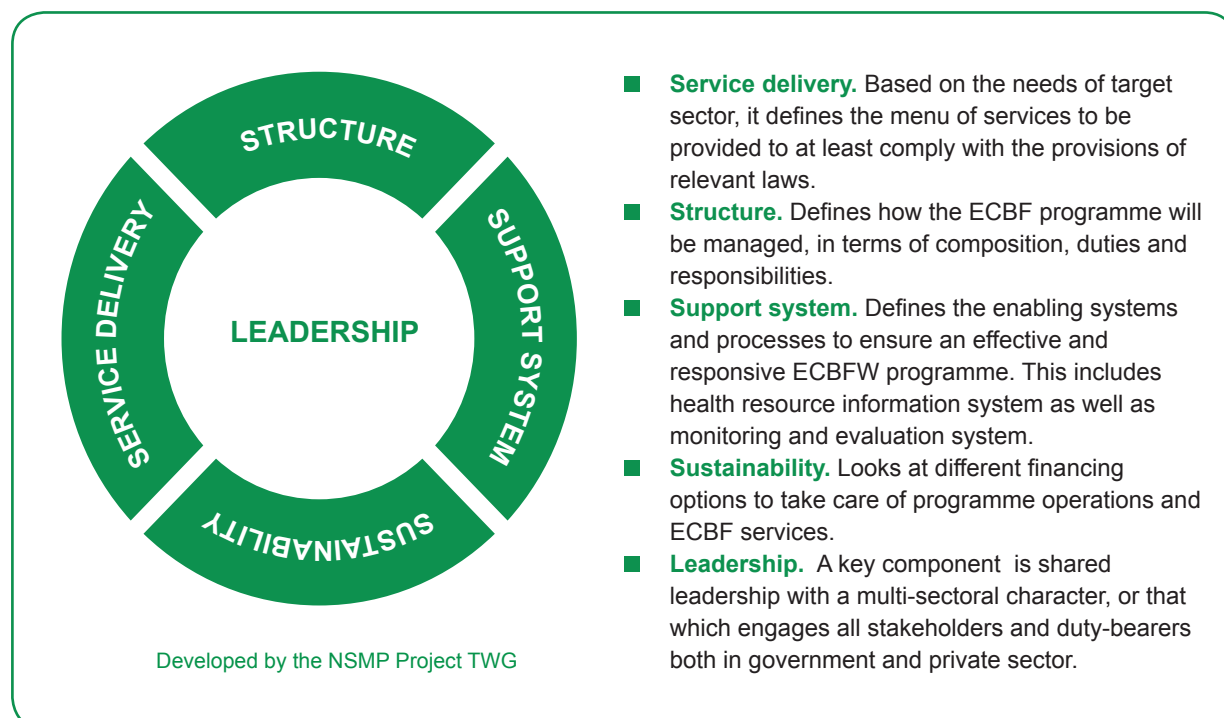


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This particular chapter discusses the set of strategic interventions on the promotion of ECBFW among the three critical stakeholders or sector - the employers, the local government units and the workers. These were based on the experience of the NSMP Project partners of ILO, namely the ECOP, FFW, TUCP, ALLWIE/S, and NAPC.

Figure 5. Components of an ECBFW programme



The set of interventions are in the area of:

- capacity building;
- provision of direct services; and
- monitoring and evaluation of ECBFW programme.

4.1 What can the employers, whether in the public or private sector do?

- Developing and enhancing the capacity of the employers to effectively implement a responsive Exclusive and Continued Breastfeeding Promotion in the Workplace programme involves: a) the formation of a team to implement the programme; b) conduct of trainings and awareness campaigns for specific target audience; and c) issuance of a workplace policy to guide the implementation of the programme.

- a) Formation of ECBFW Programme Management Team. This involves a meeting or series of meetings with the company's FWC or any company-level body or structure with workers and management representatives to discuss the provisions of RA 10028 in terms of ECBFW promotion and how this can be integrated into existing policies, programme and structure.
- b) Conduct of trainings to develop and/or enhance the capacity of the employers to implement an EBFW programme. There are three types of trainings targeting different participants, namely the designated ECBFW programme management team, the peer educators and the general employees.

Title	ECBFW Programme Management Training Course
Participants	Programme Management Team
Course objective	To enable the company's programme management team to install ECBFW in their company
Session objectives	Topic outline/content
At the end of a two-hour engaging discussion, the participants will be able to: ■ identify the needs for ECBFW in the context of IYCF and women's rights; and ■ explain the ECBF/IYCF programme and services within the context of workplace situations.	Module 1: Overview of ECBF ■ The ECBF framework ■ The effects of ECBF/ IYCF issues to workers and the workplace ■ The implications of knowledge gained to potential firms Module 2: Why do we need to install ECBF Programme in the workplace? ■ Substantiation, through results of various studies, on how workplace ECBF makes good business sense. ■ How ECBFW is aligned with the accomplishment of the government's development agenda particularly in relation to the MDGs. ■ In compliance with the law (RA 10028, EO 51, Art. 134, DO 53-06, Reproductive Health Law)
At the end of two guided workshops of two hours each, the participants would be able to: ■ identify the elements for installing WP-ECBFW/IYCF; ■ explain the steps in installing ECBFW/IYCF programme; and ■ develop the company's ECBFW work plan.	Module 3: What are the components of an ECBF promotion in the workplace programme? ■ Preparing for workplace ECBF programme installation. Discuss the different components of, as well as the critical preparatory activities involved prior to installing workplace ECBF programme. ■ Defining the programme scheme - To identify, define and discuss the critical activities and outputs involved in installing workplace ECBF programmes.

Title	Peer education training course on maternal and child health / EBFW
Participants	Human resource development practitioners
Course objective	To ensure all concerned personnel understand the value and processes of the peer approach in EBFW programme

Session objectives	Topic outline/content
At the end of a one-hour discussion, the participants are expected to: ■ discuss the role of a peer educator; ■ appreciate the qualities of an effective peer educator; and ■ state the essential guidelines in the ethical practice of peer education.	Module 1: Peer education ■ Why the peer approach? ■ Who are the peer educators? ■ What are the qualities of an effective peer educator? ■ What are the duties of peer educators? ■ What are the ethics of peer education?
At the end of a three-hour animated lecture-discussion, the participants will be equipped with the necessary knowledge and skills in: ■ raising personnel's awareness on the value of exclusive and continued breastfeeding in the context of maternal and child health; ■ correcting misconceptions on breastfeeding practices; and ■ providing tips on proper expression and storage of breast milk, as well as proper positioning and latching on for effective breastfeeding.	Module 2: Understanding maternal and child health (MCH) care and ECBF ■ What is MCH and its significance? ■ What necessary care should be given a mother during pregnancy and lactation? ■ What is high-risk pregnancy and how can this condition be managed? ■ How does a mother prepare for breastfeeding during pregnancy? Module 3: Exclusive and continued breastfeeding ■ What is ECBF? ■ Why is there a need for EBF, ECBF and complementary feeding? ■ What are the benefits of EBF and ECBF? ■ What are the myths and misconceptions of breastfeeding practices and how do we correct them? ■ Helpful tips on expression and storage of breast milk, proper position and latching on for effective breastfeeding

Title	Basic orientation on RA 10028 and ECBF
Participants	All employees
Session objectives	Topic outline/content
After a one-and-a-half hour of discussion, the participants are expected to appreciate: ■ the content and critical provisions of RA10028; ■ the benefits of breastfeeding to both mother and child; and ■ the different mechanisms and measures to address issues on exclusive and continuous breastfeeding.	1. The legal mandates that support ECBFW ■ International mandates; ■ RA 10028 and other laws and/or local policy issuances that support exclusive and continued breastfeeding in the workplace. 2. The benefits of breastfeeding to both mother and child 3. Busting the myths and misconceptions on breastfeeding based on scientific evidence. 4. Common hindrances to exclusive and continuous breastfeeding and how these can be addressed.

- c) Issuance of a company Lactation in the Workplace (LWP) Policy. This measure is meant to enhance the capacity of any establishment in promoting, protecting and sustaining ECBFW. The policy issuance may, among other things, provide for the mechanisms to guide operations of the workplace lactation station and/or implementation of the lactation breaks, define the services that the company is willing to commit for the EBFW programme, as well as designate the personnel to implement, monitor and evaluate the policy. A sample template of a LWP can be found in Annex 5.

4.1.1 Provision of direct services

- a) Setting-up a workplace lactation station (WLS). A lactation station is one of the low-cost family-friendly facilities an employer can put up at the workplace for the benefit of employees. Anything a company can do to add benefits to an employee's working life helps to attract people and retain people. Breastfeeding mothers who wish to continue breastfeeding their children after they resume their work have special needs. A lactation station provides safe and healthful working conditions for women workers taking into account their maternal functions, thus, promoting the constitutional provision of providing facilities and opportunities to enhance their potential in the service of the nation.

The lactation stations shall be adequately provided with the necessary equipment and facilities, such as :

- lavatory for hand-washing, unless there is an easily accessible lavatory nearby;
- refrigeration or appropriate cooling facilities for storing expressed breastmilk;
- electrical outlets for breast pumps;
- a small table and comfortable seats; and
- other items, the standards of which shall be defined by the DOH. The lactation station shall not be located in the toilet.

However, for small to medium-scale enterprises (SMEs), the minimum requirement would be for a common room or a corner in the workstation where lactating mothers can express their milk in privacy.

- b) Provision of flexible working hours and compensable lactation breaks for the expression of breast milk in addition to regular time-off for meals. In the Philippines, RA 10028 mandates this to be not less than 40 minutes per eight-hour shift. This can be broken down into two breaks of 20 minutes each or four breaks of 10 minutes each. The mechanisms, in terms of frequency and length of each lactation break, in entertaining request and monitoring the use of these breaks must be stipulated in a workplace policy on ECBF. Sample templates can be found in Annex 5 on the following:

- Request letter for lactation breaks addressed to company HR or ECBFW programme management personnel; and
 - Sample form for lactation break requests.
- c) Provision of pre- and post-natal breastfeeding orientation sessions/counseling. This can be an in-house service that can be provided by a company clinic, if there is one, or by peer educators. This can be organized for a group of pregnant and/or lactating women employees if there are a number of them at a given time.
- d) Provision of IEC materials regarding ECBF benefits to mother and child, lactation management, maternal nutrition, IYCF, as well as the company policy on ECBF.
- e) Enforce strict measures to prevent any direct or indirect form of promotion, marketing, and/or sales of infant formula and/or breast milk substitutes by all health and non-health facilities, establishments or institutions, both public and private, within the lactation stations, or in any event or circumstances which may be conducive to the same.

Suggested steps to set-up and implement the workplace lactation station

- Conduct meetings with the FWC or any plant-level body or structure with workers and management representatives.
- Determine if there is need for a WLS.
- Develop WLS implementing guidelines and policies.
- Institutionalize WLS guidelines and policies.

For the company, some of the positive effects of this initiative are:

- less absenteeism among workers;
- high employee productivity;
- greater company loyalty;
- high employee morale;
- improved ability to attract and retain valuable employees; and
- family-friendly image in the community.

4.1.2 Conduct of periodic monitoring and evaluation

This involves the use of two self assessment tools designed to gather data on the implementation of lactation program in the workplace as designed by ECOP. The results of these assessments can be used to monitor and evaluate the programme. It can also help programme managers to identify better strategies, areas of collaboration and delivery of other technical assistance. Sample templates on self-assessment tool for lactation in the workplace programme (LWP) and LWP client satisfaction survey questionnaire can be found in Annex 4.

4.2 What can LGUs do to protect, promote and sustain exclusive and continuous breastfeeding practice of women in the disadvantaged economic sector?

Under the Philippine's political structure, the LGU is directly responsible for the provision of health, nutrition and social welfare services to its constituents, particularly the marginalized and disadvantaged sectors of society. Thus, it is necessarily the responsibility of every LGU, in partnership with the BWSC-DOLE, to give due attention to the decent work deficits of the working women in the informal economy/sector. Crucial to this is the involvement of all key stakeholders in the development and management of the ECBFW as integral part of its health and nutrition programme. This can and should be, in fact, a partnership undertaking with the organized workers in the informal economic sector. If there is none, the LGU should endeavor to organize them or tap civil society organizations (CSO) in organizing them.

The three action-point areas where the LGU can invest resources on are in terms of capacity-building of its local working group on ECBF in the workplace; provision of services and facilities to protect, promote and sustain ECBF practice among women in the informal economy/sector or ECBF-WIS; and conduct of periodic monitoring and assessment of programmes and services for ECBF-WIS, including compliance of all workplaces in their jurisdiction to the provisions of RA 10028.

4.2.1 Capacity-building of local working (LWG) or ECBF-WIS implementation team

This involves conduct of a two-day training workshop utilizing structured learning exercises, and may even include an ocular visit or study tour of an existing lactation station.

Title	ECBF programme management training for workers in the informal sector
Participants	Focal person of concerned LGU offices (Gender and Development Office, Health Office) and from the local BWSC- DOLE; Officers / representatives of organized WIS in the city or municipality; City or Municipal Councilor for the Health/ Nutrition Committee
Course objective	To equip the members of the local working group with basic knowledge and skills on the development and management of the LGU's EBF/ECBF programme for WIS.

Session objectives:	Content/methodology						
After a two-and-a-half hour discussion, the participants will be able to have a common understanding of the basis in promoting and supporting exclusive and continued breastfeeding in the workplace in relation to social protection needs of the workers in the informal sector.	Session 1: Evidence-based data on ECBF and existing national/ local policies on ECBF ■ Conduct of pre-test (30 minutes) and posting of consolidated answers on the board for easy referral after the set of inputs by resource persons ■ Presentation of evidence-based data on the health and nutrition situation of children (national and local), as well as the Scientific Evidence on the MCH benefits of ECBF ■ National and Local Laws, Policies and Programmes on ECBF ■ Provisions of RA 10028 or Expanded Breastfeeding Promotion Act of 2009 and its relevance to WIS						
After a two-hour session, the participants will be: ■ familiar with components of a workplace ECBF programme and how to set it up; and ■ able to come-up with a situational analysis and needs assessment on ECBF promotion among workers in the informal sector in the city or municipality.	Session 2: Discussion on the components of a workplace EBF/IYCF program following the NSMP framework, i.e. in terms of services, structure, support system, and sustainability Module 1: Situational analysis/ needs assessment of workers on ECBF/IYCF in the workplace to be done in small groups. ■ Consolidation of baseline data on Knowledge, Attitude and Practice (KAP) assessment (using the ECBF KAP Assessment that can be found in Annex 4. ■ The following data are also needed: – profile of WIS in the locality (Section 1 M&E tool); – LGU policies supportive of ECBF-WIS (Section 2 of M&E); – LGU programme on ECBF for WIS or ECBF in general; and – Programme/activities on ECBF being implemented by WIS per organization ■ Identification of the strength, weakness, opportunity and threats (SWOT) in relation to ECBF promotion in the city or municipality using the consolidated data in the previous activity.						
After a two-hour session, the participants can come-up with the features of their LGU's ECBF programme in terms of the specific services it will provide or tap from partners and other stakeholders.	Module 2: Defining services and service delivery system ■ Input presentation on menu of options to consider when deciding on the services in the ECBF programme. ■ Structured learning exercise (SLE) on what services to offer. Revisit SWOT data and accomplish Sections 4, 6 and 7 of the M&E tool. Following the matrix below, participants will identify services corresponding to internal and external sources or service providers. <table border="1"> <tr> <th>Internal</th><th>External</th></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table> ■ Plenary presentation and synthesis of outputs	Internal	External				
Internal	External						

After a two-hour session, the participants can agree on the structure to implement and manage the ECBF programme.	Module 3: Organizing the internal structure ■ SLE on matching the role with the people (1 hour). The participants will be divided into small groups and provided with two sets of meta or idea cards, one set specifying the different duty-bearers or position of people (as represented by the participants) and another set detailing the roles and functions in ECBF promotion based on services identified in the previous SLE in module 2. Each group will then try to match each duty-bearer with the particular role or function in EBF promotion. The facilitator then leads the discussion and agreement as to the composition, duties and responsibilities of the ECBF-WIS team based on the SLE output. ■ Defining the ECBF programme management structure (one hour). Following the same grouping in the previous SLE, each group will be asked to review existing local health and nutrition service delivery structure where the programme can be integrated or aligned with. They will then draw an organizational chart to show the management structure for the ECBF-WIS programme. Each ECBF-WIS “programme management tree” will then be posted in the hall for gallery viewing. Each group shall view and comment on the different groups’ output. The facilitator again will lead the discussion until the participants agree on the final management chart.
After a two-hour session, the participants would have identified mechanisms to finance and sustain the ECBF-WIS programme.	Module 4: Sustaining the program and developing the financing scheme ■ Input/discussion on financial sustainability and different options to sustain operations and service delivery. ■ Guided workshop in small groups on: a) How will the ECBF-WIS operations be financed and sustained? b) How will the ECBF-WIS services be availed? What will be the payment scheme? c) How about the referred services? What will be the terms of payment?

At the end of a two-hour workshop, the participants will be able to: ■ have a common understanding of the value of monitoring and evaluation to ECBF programme planning and advocacy; ■ appreciate how the M&E tool on EBF-WIS can be used in monitoring and evaluating the ECBF programme for workers in the informal sector by the local partners; and ■ formulate an action plan based on the data generated from the M&E tool to improve the promotion and support to the ECBF-WIS in the locality.	Module 5: Installing support systems for monitoring and evaluation ■ Brief input on the M&E system and why it is important ■ Plenary presentation of the M&E Tool for ECBF-WIS followed by interactive discussion on how the tool was used and the insights/learning in using the tool ■ Workshop 3: The participants will be divided into two groups. One group, consisting of organized WIS Officers and members, will describe their organizational policy on ECBF-WIS and the process involved in it. The other group, composed of representatives from the LGU, will describe the process flow in coming up with a local ECBF-WIS policy. Expected output of the workshop will be: a) what we have in terms of policy support for ECBF-WIS; and b) what we still need to provide, advocate for or develop policy issuances on (locally) in terms of any or all of the following: – setting-up public lactation stations; – ECBF-WIS management; – financing ECBF-WIS programme; and – monitoring compliance to specific provisions of RA 10028 of local establishments. ■ Synthesis on milestones and challenges in relation to the four components of ECBF-WIS programme implementation
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4.2.2 Provision of direct services

As mandated by law, the LGUs are enjoined to take the lead in providing the needed services to encourage all lactating mothers in the community to exclusively breastfeed their infants for six months and continue to do so with complementary feeding until their child is two years old. This involves:

- Setting-up of public lactations that would be accessible to women workers in the informal economy/sector, such as public markets, transportation stations, health facilities and making sure that they are clean and equipped with the necessary amenities to allow mothers to express their milk in privacy.
- Conduct of public information campaign to encourage mothers to exclusively breastfeed their infants for six months and continue breastfeeding them in tandem with complementary food beyond six months for at least two years, whether in the community, through the local health facilities, or informal workplaces.
- Provision of technical and material assistance in the formation and training of peer educators on ECBF for the workers in the informal economy/sector.

- Issuance of Ordinances to monitor and ensure compliance of all public and private establishments to the provisions of RA 10028.
- Integration of ECBF-WIS program in the local health development and investment plan.

4.2.3 Monitoring and evaluation (M&E) of exclusive and continued breastfeeding programme for WIS (ECBF-WIS)

The developed M&E tool consists of 10 sections. Each section monitors specific data sets that pertain to verifiable indicators per area of concern in ECBF promotion, protection and support. These are:

- The workers demographic and economic profile;
- Presence of local policies in support of ECBF in the workplace;
- Presence and functionality of a local support group, task force or committee for ECBFW program implementation;
- Presence of ECBFW programme sub-plans;
- ECBFW program management performance indicators;
- Presence of quality assurance service indicators of the company or public lactation stations;
- Capacity-building programme; and
- Partnerships developed involving different stakeholders and duty.



4.3 What can workers do to protect their right to exclusively breastfeed their infants for six months and continue to do so for two more years upon their return to work?

Health is both a right and social responsibility. It is the social responsibility of the state to afford its citizen with all the basic services and facilities to enjoy the right to good health and decent work. But every right has an attendant responsibility, which obliges each person to take care of one's own personal and individual family's health. Thus, workers, whether in the formal or informal economy/sector, based on informed judgment, are enjoined to advocate and claim what is due them as provided for by law. At the same time, they are expected to practice healthy lifestyle and refrain from engaging in anything that will compromise their own health and safety or that of their families.

4.3.1 Capacity-building for specific target audience or sector

a) For employees/trade union leaders and members

Title	Basic orientation on ECBF in the workplace
Participants	Trade union officers and members
Course objective	To provide the participants with the essential knowledge and framework that will guide them in integrating ECBF promotion in the workplace to their workers' welfare programme
Session objectives:	Content/methodology
After a one-and-a-half hour discussion, the participants are expected to: ■ appreciate the basis for promoting ECBFW; and ■ have a common understanding of the provisions of RA10028.	Module 1: Why promote ECBF in the workplace ■ Conduct of pre-test on basic concepts and practice on ECBF and posting of consolidated answers on the board for easy referral after the set of inputs by resource persons (30 minutes). ■ Brief slides presentation and discussion on: a) Evidence-based data on the health and nutrition situation of children (national and local); b) National and local laws, policies and programmess on ECBF; c) Specific provisions of RA 10028 or Expanded Breastfeeding Promotion Act of 2009 to workers' welfare; and d) Status of ECBF promotion in their workplace (based on recent needs assessment using the M&E tool).

After a one-hour session, the participants are expected to: ■ have a better understanding and appreciation of the benefits of breastfeeding to both mother and child; and ■ correct whatever misconceptions they have about breastfeeding.	Module 2: Myths and facts about breastfeeding ■ Brief slides presentation and discussion on: a) Scientific evidences on the MCH benefits of ECBF; b) Brief slide presentation on the economic benefits of ECBF based on recent studies conducted by NSMP project partners; and c) Video presentation on the physiology of lactation followed by discussion on the different myths or misconceptions on breastfeeding. Facilitator leads the discussion on participants' debunking of the myths based on their appreciation of the previous presentations.
After a one-and-a-half hour session, the participants are expected to identify concrete mechanisms and measures to address issues on ECBF practice of women workers following the ECBFW framework.	Module 3: The components of ECBFW ■ Input and discussion on the components of ECBFW, based on the NSMP framework. ■ Small group discussions on how to promote ECBFW and address issues and problems of lactating women with regards to the practice of ECBF in the workplace. ■ Plenary reporting and synthesis.

b) For workers in the informal sector or WIS

Title	Basic orientation on ECBF among WIS
Participants	Officers and embers of the organized WIS or group of workers in the informal economy/sector who are still being organized
Course objective	To provide the participants with the essential knowledge and framework that will guide them in integrating ECBF promotion in the context of rights at work and decent work
Session objectives:	Content/methodology
At the end of a one-and-a-half hour session, the participants are expected to: ■ appreciate the legal mandates or basis for promoting ECBFW in the context of decent work and MCH; and ■ have a common understanding of the provisions of RA10028.	Module 1: Rights at work and the Decent Work. Series of brief interactive discussions on the following topics: ■ Defining what informal economy/sector means; ■ Addressing the decent work deficits in the informal economy; ■ NSMP through ECBF in the context of decent work; and ■ Legal mandates/international and national policies and programs on ECBF.

At the end of a one-and-a-half hour session, the participants are expected to: ■ have a better understanding and appreciation of the benefits of breastfeeding to both mother and child; and ■ have a better appreciation of peer education approach to address personal issues and concerns on ECBF of lactating women.	Module 2: The myths and facts about breastfeeding ■ Brief slides presentation and discussion on: a) Scientific evidences on the MCH benefits of ECBF; b) Brief slide presentation on the economic benefits of ECBF based on recent studies conducted by NSMP project partners; and c) Video presentation on the physiology of lactation followed by discussion on the different myths or misconceptions on breastfeeding. Facilitator leads the discussion on participants' debunking of the myths based on their appreciation of the previous presentations ■ Brief slides presentation on peer education practice or approach to health promotion. ■ Characteristics of an effective peer educator and criteria in selecting trainees on peer education.
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c) Training of peer educators:

Title	Basic course on ECBFW promotion through peer education
Participants	Pre-selected members of company unions or organized WIS who are preferably mothers with experience in breastfeeding and willing to volunteer her time as a peer educator
Course objective	To enable the peer educators team to demonstrate the basic knowledge, attitude and skills to convince, through informed judgment, mothers within their organization to practice EBF for six months and ECBF with complementary food for two years and beyond
Session objectives:	Content /methodology
At the end of a one-hour session, the participants are expected to understand their role and functions as peer educators.	Module 1: Formation of peer educator groups or committees in the workplace ■ Brief slide presentation and discussion on – a) The peer approach: basis and foundation of peer group formation; b) The role, attributes and value of an effective peer educator; c) Characteristics and composition of peer education groups; and d) Tasks and functions of a peer educator.

At the end of a two-hour session, the participants are expected to be better guided in terms of providing support to breastfeeding or lactating mothers in the workplace.	Module 2: Appreciating the breast or mammary gland in the context of lactation and breastfeeding ■ Characteristics of breast milk; and ■ Common breast problems or complaint in relation to breastfeeding or lactation and how these can be prevented and/or addressed. Module 3: Exclusive/continued breastfeeding ■ Common barriers to ECBF; ■ Dangers of bottle-feeding; ■ Proper latching on and position; ■ How mothers can continue to breastfeed even after returning to work; and ■ Breastfeeding when mother or baby is sick.
At the end of a two-hour session, the participants are expected to appreciate and demonstrate active listening and effective feedback giving skills in relation to peer education.	Module 4: Basic communication skills ■ Input and discussion on active listening and feedback giving; and ■ Structured learning exercises on different ECBF concerns of mothers or men (demonstration and critique). Module 5: Building and maintaining trust ■ Self-awareness; and ■ Ethical guidelines in peer education.



NAPC and ALLWIE/S are in the forefront in advocating for sectoral agenda on exclusive breastfeeding in the workplace.

4.3.2 Provision of direct services

- a) Provision of peer education services to members. The peer educators can be organized according to employment structure, i.e. not exclusive to rank and file, but may also include those in the management or supervisory levels. They can also be grouped according to work shifts.
- b) Formulation of proposals or recommendations on ECBFW Programme. This can either be integrated into the Workers' Welfare Programme through the concerned committee and/or negotiated through the Collective Bargaining Agreements. For organized labour, one technical assistance that they can provide to company unions is in the area of workplace policy formulation on ECBF promotion.

4.3.3 Monitoring and evaluation (M&E) of ECBFW programme implementation

A sub-committee within the trade union or task force within the organization of WIS can be created and trained to conduct periodic monitoring and evaluation of ECBFW implementation. Findings can be used to monitor and sustain the gains of initiatives undertaken. One simple way is by conducting client satisfaction surveys among pregnant and lactating women on the services provided, particularly on the use of the lactation stations in the workplace or public areas, as well as implementation of lactation breaks.



Local working groups on exclusive breastfeeding in the workplace stage an all employers and all workers forum discussing provisions of RA 10028.

Good practices on EBF promotion in the workplace:

- Milestones
- Challenges and recommendations

5.1 Milestones

Awareness raising and advocacy for national security and maternity protection through exclusive and continued breastfeeding promotion in the workplace is a long-term process involving concerned duty-bearers and stakeholders. In the Philippines, the ILO and its tripartite partners took on the challenge to put exclusive and continued breastfeeding in the workplace as a critical nutrition security and maternity protection issue through the NSMP Project.

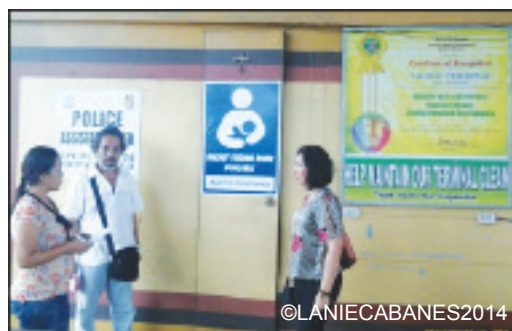
The project was built on existing coordinating mechanism for nutrition security initiated during the implementation of the Joint Programme through the Millennium Development Goal Achievement Fund (MDG-F2030) in promoting the advocacy and interventions to create an enabling environment and encourage women workers and lactating mothers to practice ECBF in the formal and informal workplace, and hope to contribute to the achievement of increased EBF rates in the JP areas by at least 20 per cent annually. It also aims to contribute to the improvement of capacities of national and local stakeholders to formulate, promote and implement policies and programmes for IYCF.

At the onset of the NSMP project, when the sub-TWG of the MDG-F2030 JP evolved to the TWG on ECBFW, they embarked on the task of looking for mechanisms and interventions on how to effectively advocate ECBFW and institutionalize its practice taking into consideration the conditions of women workers in both the formal and informal economy/sector.

The experience of the TWG on ECBFW in terms of NSMP Project implementation in the three programme cities of Naga, Iloilo and Zamboanga can serve as a well-spring to draw learning from in terms of ECBF promotion in the workplace. The learning can be summed up in three important key result areas (KRAs) that programme implementers and advocates can consider in crafting and pursuing their ECBFW plan. These KRAs guided the TWG in planning out strategic and inclusive ECBFW interventions, i.e. agenda-building, engaging duty bearers and critical stakeholders towards a participatory creation of an enabling environment.

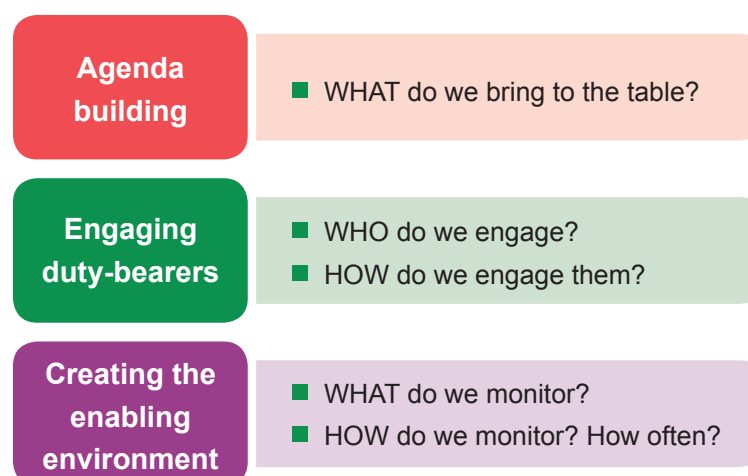


Mothers who are members of the informal sectors participating at a mobile milk-letting activity in Zamboanga City.



Site visit at Tagbac Terminal breastfeeding room in Iloilo City during the conduct of the endline study for the implementation of ECBF-WIS.

Figure 6. KRA guide in planning ECBF intervention



- 1. In terms of agenda-building, the TWG set-out to clarify among themselves the critical information and key messages that must be put across to advance ECBFW as a nutrition security and maternity protection issue. The critical questions were:**

- What should the duty-bearers and stakeholders know about ECBFW?
- What do they bring to the negotiation table when they elicit their involvement?
- What is important to these stakeholders?

This was the basis for coming up with and agreeing on the outline of of this Toolkit as well as the content and flow of the video production to be used in the various trainings and advocacy work. The idea is to have a common grasp of the issue and the needed response among partners and other stakeholders. Thus, the conduct of baseline studies and cost-effective analysis of different IYCF practices, particularly ECBF in the workplace.

- 2. In terms of engaging duty-bearers and critical stakeholders, the ultimate goal is to look for and/or develop champions from within the agencies and organizations.**

The TWG on ECBFW endeavored to develop multi-sectoral partnerships, collaborative effort and harmonious relationship in ECBFW programme implementation through complementation of activities and resources to lessen redundancy. The very composition of the TWG reflects this in fact.

- a. The BWSC-DOLE in particular, mainstreams the promotion of Exclusive Breastfeeding in the formal workplace through its FWP. This is done through:
 - conduct of company visits and recognition of initiatives and good practices on ECBFW promotion; and
 - production and dissemination of IEC and advocacy on the setting-up of lactation-friendly spaces in the workplace to guide companies in providing time, space and support to lactating employees.

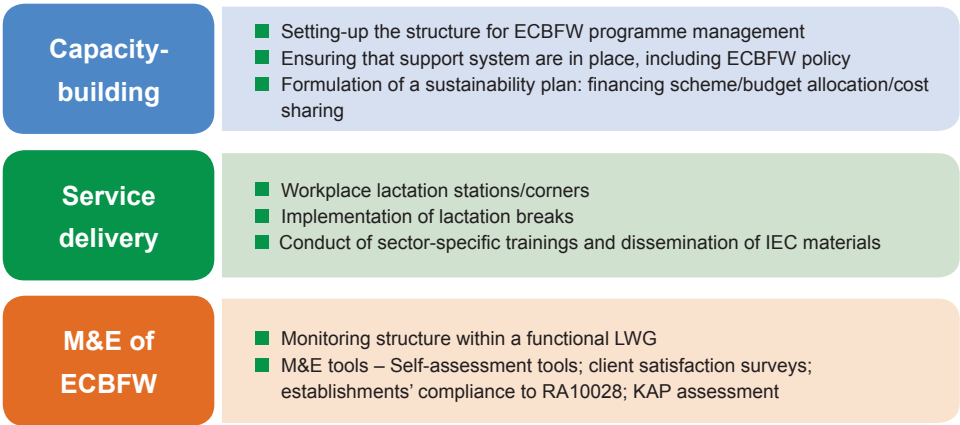
Moreover, they are in the forefront of negotiations with the various Chambers of Commerce and national associations of employers with regards implementation of the provisions of RA 10028, particularly in terms of addressing the limitations of medium and small enterprises as far as setting-up of lactation stations and implementation of lactation breaks are concerned without necessarily compromising compliance with the law and the spirit of the same.

- b. ECOP advocates for the inclusion of interventions to promote exclusive and continued breastfeeding in the workplace as part of their corporate social responsibility. They have been in the forefront of ECBFW advocacy not only among their member companies, but with government instrumentalities like the DOLE-BWSC, Bureau of Internal Revenue (BIR) and LGUs as well, particularly in terms of policy reforms.
- c. The formal labour sector, as represented by the FFW and the TUCP conducts orientation seminars advocacy training on ECBFW as part of the Decent Work Agenda, as well as peer educators' trainings for their trade union members in various parts of the country.
- d. NAPC, the lead agency tasked to ensure the convergence of efforts by different government agencies, LGUs and sectoral representatives of the civil society organization towards poverty alleviation, recognizes ECBF as a critical poverty reduction strategy targeting the vulnerable sector of women and children.
- e. ALLWIE/S actively pushes for exclusive and continuous breastfeeding as an integral part of their sectoral agenda on poverty alleviation both at the national and local levels. They have managed to call the attention of government on the plight of workers in the informal economy and bring to focus the maternity protection concerns of women which for a long time have not been addressed.
- f. The Beauty, Brains and Breastfeeding Association, Inc. (BBB) is in the forefront of advocacy on the health and economic benefits of ECBF, as well as the ill-effects of infant formula, to encourage more women, particularly career women to practice ECBF.

It was important to involve the men as the increased participation of men helps break the gender barrier surrounding breastfeeding, making this otherwise purely maternal function a shared experience with the husband or partner that they can both enjoy, thus reducing the burden on women. An effective strategy towards this end as implemented by local partners of ALLWIE/S was targeting men for ECBFW promotion focusing on both the health and economic benefits of breastfeeding to the mother, the child and entire family, as well as on the different ways the family can participate in bonding with the child and infant feeding. A clear case in point is that of the Payda family, an NSMP beneficiary and active local partner on ECBF-WIS in Iloilo City, whose story can be found in Annex 6.

3. In terms of creating an enabling environment for ECBFW, the areas of intervention, for which training designs, sample templates for service delivery implementation and policy advocacy, as well as M&E tools have been developed by the TWG, are summed up in Figure 6.1.

Figure 6.1 Areas of intervention



- a. In the area of capacity-building, the formation of LWGs at the local or city level involving local counterparts of the national TWG on ECBFW ensures coordination of efforts on the ground for a more responsive planning of need-based interventions and its effective implementation, monitoring and evaluation.

Local partners are likewise able to influence policy directions and resource allocation to institutionalize ECBFW programmes. Persistent advocacy work for local ordinances is one of the key to sustain the gains of the ECBFW interventions and ensure the protection

of lactating mothers' interest while at work. This involves engagement of the executive and legislative branches of the local government, as initiated by ALLWIE/S and its local member organizations, in the crafting of both executive and legislative agenda for ECBFW through constant communication with LGU officials. As a result they were able to ensure the passage of local ordinances in support of ECBFW which includes the following:

- Ordinance No. 426, an ordinance amending certain sections of the City Ordinance No. 377, Series of 2011, otherwise known as an “Enabling ordinance on the expanded promotion of exclusive and continued breastfeeding in the workplace and providing penalties, thereof” of Zamboanga City;
- Implementing rules and regulations of City Ordinance No. 2011-032, requiring all government agencies/offices and private establishments and institutions in the City of Naga to establish breastfeeding corner or lactation stations in their offices/ establishments/institutions including their instrumentalities and providing the mechanisms for enforcement and prescribing penalties for violations thereof;
- Draft ordinance of the City of Iloilo, “An ordinance adopting a customized promotion of exclusive and continued breastfeeding in the informal workplaces”.

For the formal labour sector, FFW and TUCP enjoined their members to lobby for the inclusion of ECBFW programme in their FWP in cases where management tends to neglect this concern of women workers. This then form part of their Collective Bargaining Agreements.

- b. In the area of service delivery, the TWG have likewise developed, pre-tested and implemented training programmes on ECBFW programme installation and management targeting specific sectors which are discussed in detail in Chapter 4 of this Toolkit. Training sessions using participatory approaches are more empowering. In terms of awareness building on ECBF among the workers in the informal sector, the Study Circle Method for vendors and transportation workers proved to be effective as it allowed ample time for healthy exchange of ideas. This is usually done in or near their workplace station to ensure attendance.

Knowledge sharing allows access and dissemination of evidence-based information to effectively carry out appropriate ECBFW advocacies. Some of the activities that served as vehicles for this as implemented by the TWG include the following:

- Conduct of mini advocacy planning workshop and development of IEC materials by the FFW with their trade union members.
- Development and pre-testing of Monitoring and Evaluation tools on ECBFW with people responsible for it in the different sectoral organizations and LGUs, such as Human Resource Managers, local leaders or focal persons of trade union federations, including WIS and local government agencies.
- Conduct of regular meetings by the TWG to get updates on planned interventions on ECBFW promotion in the three JP cities, to identify and address challenges and concerns therein, and plan other relevant joint activities.

NAPC, for its part, demonstrated stewardship of workplace stakeholders in behalf of the WIS to ensure that exclusive breastfeeding services to workers outside of the formal sector are made available to them. The initiatives to this effect include the sustained support of NAPC to the ECBFW Programme of LGUs and local members of ALLWIE/S, particularly in terms of provision of equipment for public lactation station centres in Naga City, Iloilo City and Zamboanga City.

- c. In terms of monitoring and evaluation of ECBFW, baseline and endline studies were conducted and comparative analysis of the results can be used to inform programme implementers of appropriate interventions.

5.2 Challenges and recommendations

1. **Effective coordination.** As in any programme or project that calls for collaborative work, coordination often times pose considerable organizational management intervention to maintain harmony and ensure effective implementation of agreed tasks. Different organizations have their own particular way of doing things as influenced by their mandates, structure, culture and policies, not to mention personality types. In the light of all these, it is imperative that everyone involved must be made to look at the bigger picture early on and agree on common goal in terms of ECBFW promotion as required by law and what is demanded from them based on their own organizational mandates and local situations. These will be the basis for defining the terms of reference in the collaborative agreement, including resource sharing and complementation.

Secondly, it is important to look at existing local coordinating structures concerned with IYCF programme implementation and maternity protection to ensure integration of programme interventions in the local health development and investment plan. The Local

Government Code of the Philippines provide for such opportunities. It has created local special bodies such as the Local Health Board (LHB) and City or Municipal Nutrition Councils (C/MNC). The nutrition councils even have local counterparts at the barangay levels. These bodies, represented by different concerned departments of the LGU that include, among others, the municipal/city health office, social welfare and development office, planning and development office, as well as elected councilors responsible for health/women/children's welfare, serve as the coordinative body for planning, implementing, monitoring and evaluation of critical health and nutrition interventions for mothers and children. Moreover, these local special bodies require representation from concerned civil society organizations or private sector operating in the city or municipality.

2. **Responsiveness of EBF-IYCF programme of LGUs to WIS.** In the process of interfacing with the partner LGUs in the three JP cities, particularly during the pre-testing of training modules on ECBFW developed by NAPC and ALLWIE/S, the LGUs claimed that while they have an existing EBF-IYCF programme in place, they still have not developed a "... standard responsive and inclusive interventions in addressing the needs of the informal sector to support the workers to continue breastfeeding in the workplace". This is in view of the fact that they lack relevant data and information on the situation of the WIS as a marginalized sector at local levels, and that their knowledge, attitude, practices and needs on breastfeeding and IYCF are not systematically gathered, and analyzed to inform programme development and management. While service delivery points have intake forms on their clients that can be used to systematically gather the data, the forms have to be modified a bit to consider the data requirement for WIS situation assessment. The developed M&E tool for ECBFW can be reviewed by the offices of the LGU concerned with the different required data sets, as well as the local NAPC focal person to ensure a comprehensive resource as basis in the formulation of the Annual Development and Investment Plan.

Furthermore, there is also a need to determine the capacity-building needs of other relevant offices in the LGUs, aside from the health and nutrition offices, to effectively support ECBF-WIS programme at the LGU level.

To sustain the gains of the programme, NAPC, in collaboration with the organized workers in the informal sector shall endeavor to provide technical assistance and policy support in the conduct of the following strategic interventions:

- Establish the M&E system on ECBF-WIS and profiling of the WIS to inform policy and programmes.
- Development of local legislative agenda towards crafting of local ordinances supportive of WIS, particularly in terms of nutrition security and maternity protection.

- Capability-building of WIS and LGUs on EBF and IYCF with relevant agencies like DOH, NNC, DOLE-BWSC and DILG.
- Programme management training on ECBF-WIS, peer educators training on ECBFW and support group strengthening together with relevant national agencies.
- GAD Plan Assessment in terms of responsiveness to the needs of the sector towards localization of the Magna Carta for Women including support to ECBF.

3. **Monitoring compliance to RA 10028.** There is a need to clarify specific roles and responsibilities of the different government instrumentalities, particularly the DOLE, DOH and Civil Service Commission (CSC), DILG and their counterparts at the city/municipal levels as well as the LGUs in relation to compliance by all establishments, whether public or private, to the provisions of RA 10028.

The local organizations of both formal and informal labour sector, including women's organizations can certainly conduct their own monitoring using various social accountability tools to ensure nutrition security and maternity protection. The local ordinances passed in support of NSMP through ECBFW can serve as the framework to guide the study. The findings can then serve as basis for programme and/or policy recommendation.

4. **Financing ECBFW programme in the workplace.** There is still a need to explore appropriate financial schemes suitable to the requirements and capacities of the employers in the formal sector. The incentive previously given by the Bureau of Internal Revenue (BIR) through Revenue Memorandum Circular (RMC) No. 47-2010, otherwise known as BIR Guidelines on the Exemption of Companies supportive of ECBF, has already lapsed, and no new promulgation has been issued yet in place of this.

As for the workers in the informal sector, this could be explored with their respective LGUs through representation in either the LHB or C/MNC. This require harmonization of ECBFW programme planning with LGU so that their ECBF-WIS programme can be integrated in the respective local health development and nutrition action plans for LGU budget allocation. Furthermore, to ensure sustained adequate funding for broader maternity protection concerns, which the Baseline Study on Practices, Programmes and Interventions on EBF, IYCF and Maternity Protection point out to be not adequately addressed among the WIS, the local WIS organizations can advocate for integration of strategic intervention to the GAD plan of the city or municipality and tap the GAD budget for its funding support.

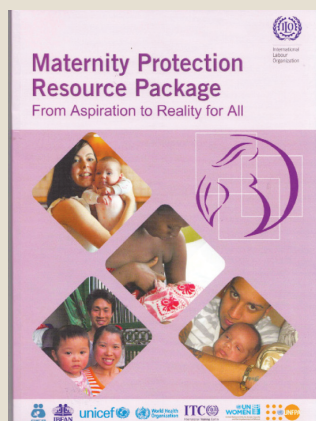
5. **Knowledge management towards expanding the community of practice.** There is a need to continue monitoring the gains in ECBFW promotion by documenting good practices and sharing the information with different stakeholders for replication and further development. This is one area of intervention which the TWG on ECBFW can focus on and

sustain in consideration of the fact that real advocacy and social mobilization work for the implementation of the critical provisions of RA 10028 happens on the ground and supposed to be taken care of by the LWGs. The initiative of ECOP, for instance, in terms of recognizing their member companies or corporations for good practice in ECBFW/IYCF programmes in the three JP cities through a Search and Award activity can be pursued annually and may be replicated by ALLWIE/S and NAPC in partnership with other stakeholders, this time for the recognition of LGUs with good practices on ECBFW.

Annexes



Annex 1: Books and flipcharts on maternity protection and breastfeeding



The **Maternity Protection Resource Package** provides guidance and tools to strengthen and extend maternity protection to all women in all types of economic activity.

It can be used as a reference for self-learning, training, policy advice, research and action by governments, trade unions, employers' organizations, ILO and UN officials, NGOs, researcher and practitioners. Numerous examples of actions are highlighted. The key message is that maternity protection at work for all is both possible and desirable, as it contributes to maternal and child health and well-being, social cohesions and Decent Work for all women and men.

Available at <http://mprp.ilo.org>



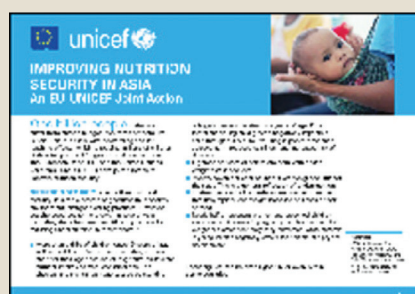
S.T.E.P. is the acronym for Support, Time, Education and Place.

These are the four basic requirements of a Workplace Lactation Program that a company can easily invest in. S.T.E.P. results in the creation of a positive working environment for employees who have infants and young children.

The components of S.T.E.P. can be briefly described as:

- S – Support from employers, supervisors and colleagues that is institutionalized in a Workplace Lactation Support Policy
- T – Time for a mother to breastfeed or express her milk during the workday.
- E – Education through information and resources, including classes and counseling.
- P – Place to breastfeed or express milk that is clean, private and comfortable

Available at <http://www.slideshare.net/rwchick/step-up-for-breastfeeding>



The material talks about chronic hunger worldwide and how it is robbing millions of children of their full potential for growth and development.

This paper narrates what EU and UNICEF do as partners in order to fight the problem of malnutrition and its devastating effects.

Available at <http://www.unicef.org/>



On February 23, 2011, the Department of Health (DOH) launched the exclusive breastfeeding campaign dubbed “**Breastfeeding TSEK: (Tama, Sapat, Eksklusibo)**” (**Right/Appropriate, Enough, Exclusive**). The primary target of this campaign is the new and expectant mothers in urban areas.

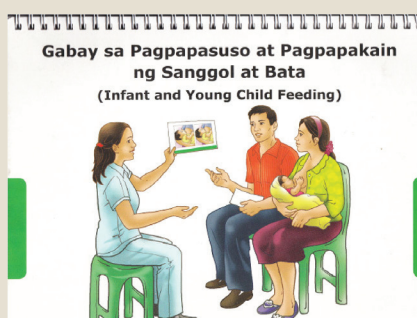
This campaign encourages mothers to exclusively breastfeed their babies from birth up to 6 months. Exclusive breastfeeding means that for the first six months from birth, nothing except breast milk must be given to babies.

Available at <http://www.wpro.who.int/>



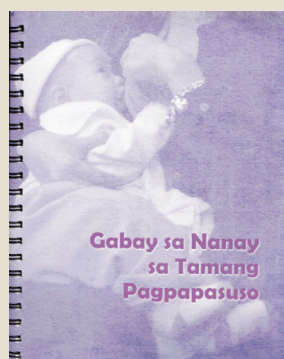
The **State of the World's Children 2009** examines critical issues in maternal & newborn health underscoring the need to establish a comprehensive continuum of care for mothers, newborn and children. The report outlines the latest paradigms in health programming and policies for mothers and newborns, and explores policies, programmes and partnerships aimed at improving maternal and neonatal health. Africa and Asia are a key focus for this report which complements the previous year's issues of child survival.

Available at <http://www.unicef.org/>



An adaptation of the original version produced by UNICEF New York and University Research Co., this material was developed to help counsel mothers and other caregivers about infant and young child feeding.

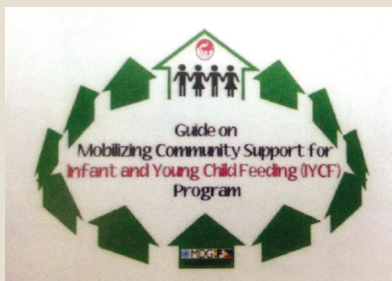
Copies may be requested from the Resource Center Office of the Department of Health, San Lazaro Compound, Manila



The '**Gabay sa Nanay sa Tamang Pagpapasuso**' (**Guide For Mothers On Proper Breastfeeding**) is a Trainer's Reference Manual to be used in training peer counselors.

This manual is intended to be used by Infant and Young Child Feeding (IYCF) coordinators, city health and nutrition staff, particularly midwives and nutritionist in training community-based peer counselors, for them to acquire the basic knowledge, and skills in providing the appropriate support to mothers to exclusively breastfeed their babies from birth up to 6 months of age.

Available at <http://www.wpro.who.int/>



Guide on Mobilizing Community Support for Infant and Young Child Feeding (IYCF) Program

This flip chart is a guide primarily for midwives on mobilizing communities to participate in efforts to promote appropriate IYCF practices. It aims to address the knowledge and skills gap on community mobilization among health workers. Its ultimate aim is to engender community participation and ownership in IYCF – related activities.

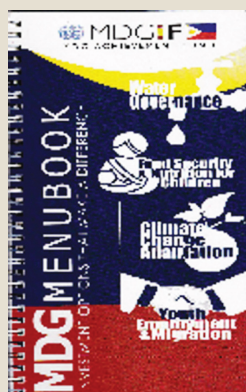
Available at <http://www.nnc.gov.ph/>



Early Warning System for Food Security is a collection of relevant data to determine status of food supply and food security in the municipality.

It also details here the implementation process that starts in advocacy to the Local Chief Executive and members of the Municipal Council regarding the importance and usefulness of an EWS –FS.

Available at <http://www.mdgphilippines.org>



The '**MDG Menu Book: Investment Options that Make a Difference**' provides an overview of training and knowledge products developed over the course of the MDG-F joint programmes. For each product, key information such as processes, objectives, costs, pilot areas and contact details are included.

It is hoped that this menu of investment options will aid and inspire local government units, services, providers, investors and other possible users in replicating and scaling up initiatives that accelerate the achievement of the MDGs by 2015.

Additional information and full documentation on the products offered in this menu book may be accessed at www.mdgphilippines.org.

Available at <http://www.mdgphilippines.org>

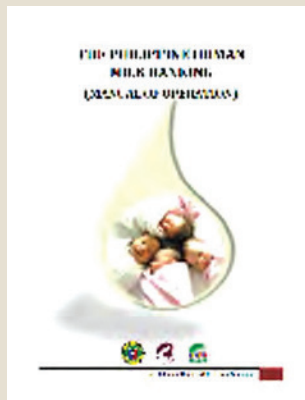


This book seeks to explore why the workplace has become involved in childcare support and what programmes have been implemented, based on concrete examples of childcare support that can be found in workplaces around the world.

By providing and analyzing examples of workplace solutions for childcare, the book aims to:

- Increase awareness of the possibilities for workplace programmes as well as their benefits and limitations;
- Provide insight into the reason why various actors, in particular employers, and trade unions have become involved
- Offer greater understanding on how support for childcare has been organized and funded in a variety of workplaces.

Available at <http://www.ilo.org>



The **National Guidelines on Human Milk Banking** are stated under Republic Act 10028 “Expanded Breastfeeding Promotion Act of 2009” in Section 10. This act also mandates public and private health institutions in the Philippines to establish Human Milk Banks. This is also supported by a training manual for human milk bank personnel on the best practices of handling milk and educating breast milk donors.

The benefits of this ensure a safe and available mother's milk to infants who are in need of this to protect them from the hazards of infant formula and bottle feeding.

This also summarizes the process of establishing a Human Milk Bank (HMB), getting and screening potential breastmilk donors. The estimated cost of an equipment for one HMB is P2.4 million or US\$58,000.

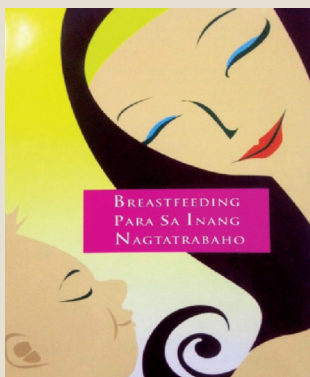
Available at <https://philippines.humanitarianresponse.info/>



'Breastfeeding Welcome Here' Initiative

- A Social Marketing strategy to promote Breastfeeding in Partnership with Private/Business Sector.
- A tool and a program that private organizations and business may undertake to create a supportive environment for mothers to breastfeed anywhere and anytime.

Available at <http://www.mdgphilippines.org>



This booklet tells that working mothers can still breastfeed even if they are back to work. There should be no reason why a baby cannot have breastmilk whenever the mother is away. It teaches mothers how to:

- manage their timeto express their milk at home and even at work
- do the proper way of hand expression
- do the right storage of breastmilk

There is also an activity where you can post baby photos where a mother can track her baby's growth starting 6 months up to 2 years of age.

Frequently asked questions about breastfeeding are also answered at the back of this booklet.

Copies may be requested from the Resource Center Office of the Department of Health, San Lazaro Compound, Manila



A special issue of the Department of Health's official newsletter that focuses on breastfeeding and its benefits. It also includes testimonials from different people who were able to experience the advantages of breastfeeding and breastmilk.

Copies may be requested from the Resource Center Office of the Department of Health, San Lazaro Compound, Manila



The book provides techniques, tips and insights that will enhance the breastfeeding experience. The information provided is based on research and recommended best practices in the field of breastfeeding education.
Available at <https://www.avonconnects.com.ro/>

Annex 2: Pamphlets and flyers used for information and education

Breastfeeding and Dads

breastfeed
your baby

breastfeeding and dads

best for baby,
best for mom -
great for you!



best for baby, best for mom

That's great news for you!

Breastfeeding provides optimum health benefits not only for your baby, but also for your partner.

Breast milk is the perfect food for your baby. And because it is a living biological fluid, it changes as the baby grows to offer the best combination of nutrients that make it easy for the baby to digest and use.

Breastfeeding prevents sickness, lowers risks of infection and even promotes intelligence, better eyesight, and healthy teeth. Babies are less prone to diarrhea, pneumonia, asthma, allergies, and other chronic diseases.

Breastfeed babies grow up to be healthy, smart, and happy.

For your wife, breastfeeding encourages contraction of the uterus so it returns to normal size. It boosts metabolism for a more rapid and sustained weight loss. Milk production uses up 200-500 calories or the equivalent of swimming 30 laps or riding a bicycle for over an hour.

Breastfeeding also delays fertility and decreases risks for breast, ovarian, and endometrial cancers.

lower costs with breastfeeding

Breastfeeding means lower health care costs!

- Less likely for your baby to be hospitalized due to serious illnesses
- Less trip to the doctor, dentist, and even the orthodontist
- Lack of need to buy medicine
- Less absenteeism or leaves to care for a sick baby or wife
- Lack of need to buy formula since breast milk is free
- Lack of need to sterilize water, bottles, and teats

Now, who doesn't want that?

What's more, family outings or trips mean less things to pack and worry about food for your baby. Your wife can easily feed when your baby gets hungry.

Most importantly, breastfeeding allows you to enjoy a healthy baby and partner!

To get the most out of breast feeding, get yourself informed! Before the baby is born, read up on baby care books and magazines to provide you with practical tips on how you can be a supportive partner.

Take also the time for you and your wife to attend childbirth and childcare classes that provide encouraging and accurate information about breast feeding. This is one of the best way to prepare for the arrival of your new bundle of joy.



dad and baby bonding moments

Since feeding will be the primary role of your wife, you can get your share in bonding with your baby by doing other tasks. Ask Tobey Maguire, David Beckham, and Pierce Brosnan, who were all more than willing to take diaper duty as a way to spend time with their newborns. Since breastfeed babies have less offensive diapers, that's a good relief for you.

Here are other opportunities for you and your baby to bond:

- Burp baby after feeding
- Put or rock baby to sleep
- Be the solid-food feeder later on
- Bathe and massage your baby
- Place your baby on your bare chest for skin to skin contact to let your baby get used to your smell
- Cuddle baby
- Talk to baby, read a book, and sing a song

Your wife will also need your support. Here's what you can do:

- Bring your partner drinks while breastfeeding
- Make sure she and the baby are comfortable
- Sit together and enjoy the feeding process
- Share in the chores like cooking, cleaning, and doing the grocery
- Make food for your wife
- Give her a massage

Your role as a father in breastfeeding is essential. To give you and your partner the boost to continue, constantly remind each other about the benefits that breastfeeding provides, especially on how it gives your baby the best start in life.



choose to breastfeed!

Breastfeeding provides immediate and life-long health benefits to babies.

Breast milk provides complete nutrition in the right proportions. It contains at least 400 hormones and disease-fighting compounds that cannot be found in breast milk substitutes.

Recent scientific studies affirm that breast milk is not only best, they also confirmed that it is superior.

So give your baby a healthy start in life, choose to breastfeed!

To enjoy these superior benefits, the World Health Organization recommends:

- **Initiation of exclusive breastfeeding in the 1st hour of life of your baby.**
- **Exclusive breastfeeding for the first 6 months. Breast milk is sufficient. There is no need to even give water.**
- **At six months, introduce safe and appropriate complementary feeding while continuing breastfeeding for two years or beyond.**



breastfeed your baby

Contact your nearest health center or breastfeeding support groups who can help make your breastfeeding practice successful.

For more information about breastfeeding, log on to www.breastfeedingpinay.com.

A collaborative project by



World Health
Organization

In partnership with

SM
SUPERMALLS

The information contained in this flyer has been developed with due care and should be used only for general information. Always consult expert advice.

Material handed out during an activity entitled "YOU & ME & MOMMY" at SM Megamall in August 2010

10 Steps for Breastfeeding Success

breastfeed
your baby

10 tips for breastfeeding success

a little preparation
can get you and
your baby off
to a healthy
start!

here are tips to make nursing a pleasant experience

While newborn babies nurse instinctively, it often takes new moms a little longer to get the hang of breastfeeding. Most lactation experts agree that attitude, planning, and technique are crucial to successful breastfeeding.

1 Get informed. Breastfeeding is best for you and your baby. Allow yourself to be aware of the benefits to provide you the "I can do it attitude" to start and continue breastfeeding. Ask a supportive health professional who can guide you through the how tos of breastfeeding and discuss other related concerns.



2 Advise your caregiver. Inform your doctor and the nursery staff that you want to breastfeed so that you and your baby will have skin to skin contact immediately after delivery or within the first hour. Make arrangements for regular visits to the nursery for breastfeeding or request that the baby rooms in with you.



3 Enlist your partner's support. A child's nutrition is a shared responsibility. Getting your husband, and even your family, to be supportive of breast feeding allows you to be motivated to do it. There are breastfeeding meetings that couples can attend that offer practical ideas on how fathers can contribute in nursing.

4 Know your breasts. Regardless of shape and size, almost all women can breastfeed. If your nipples are inverted or you had previous breast surgery, go to a doctor for consultation to allow you to discuss ways to still make breastfeeding possible.



5 Nurse within the first hour after birth. Breast feed your baby soon after birth when your baby is wide awake and sucking instinct is very strong. The American Academy of Pediatrics states that babies who are nursed within the first hour of birth are more likely to become successful breastfeeders.

6 Nurse often. Frequent nursing in the early days helps you and your baby to get comfortable with breast feeding and allows you to establish your milk supply. Learn to interpret your child's hunger cues like being alert, putting hand near his mouth, and whimpering.



7 Express breastmilk regularly. Most mothers find that they are able to produce plenty of milk and their breasts easily get engorged. Express milk manually or with a pump to relieve your breasts from fullness and to keep up your milk supply. You may use the expressed milk for your baby's next feeding or store it for future use. Breastmilk is good for 24 hrs in room temperature, up to 1 week in the refrigerator, 2 weeks in your freezer, and can be stored for 6 months to 1 year in a deep freezer.



8 Hold off the pacifier. Introducing a pacifier can cause nipple confusion. Hold off its use until your breastfeeding routine is going well and your milk supply is well established, which is usually three to four weeks after delivery.

9 Encourage your baby to latch on.

Stroke your baby's cheek or lower lip to stimulate latching. To determine if the baby is latched on correctly, make sure your areola and nipple are both in they baby's mouth and positioned above his tongue. The baby's lower lip shouldn't be drawn into his mouth and his chin is touching your breast. Do not be discouraged when your baby has difficulty latching on. It does take practice for both mother and child.



10 Get comfortable. When breastfeeding, find a quiet spot to nurse. Sit in a comfortable chair or listen to soothing music. Studies show, and as most nursing moms share, that a calm mind, body, and surrounding allows for a more pleasant breastfeeding experience.

There are a lot of books and manuals on how to make breastfeeding a successful practice. Some new moms usually seek the help of family or friends who have breastfed. There are also breastfeeding support groups who meet regularly and can help you get started and continue breastfeeding.

choose to breastfeed!

Breastfeeding provides short and long-term benefits for you and your baby!



Recent scientific studies affirm that breast milk is not only best, they also confirmed that it is superior. It provides complete nutrition, in the right proportions, for the growing baby.

Breastfeeding prevents sickness, lowers risks of infection and even promotes intelligence, better eyesight, and healthy teeth. Babies are less prone to diarrhea, pneumonia, asthma, allergies, and other chronic diseases.

For mothers, breastfeeding encourages contraction of the uterus, boosts metabolism, delays fertility, and decreases risk for breast cancer.

Fathers also benefit from breastfeeding. Since breast milk is free, there are no additional expenses to feeding the baby. He is also able to enjoy a healthy mother and child.

To enjoy these superior benefits, the World Health Organization recommends:

- Initiation of exclusive breastfeeding in the 1st hour of life of your baby.
- Exclusive breastfeeding for the first 6 months. Breast milk is sufficient. There is no need to even give water.
- At six months, introduce safe and appropriate complementary feeding while continuing breastfeeding for two years or beyond.

breastfeed your baby

Contact your nearest health center or breastfeeding support groups who can help make your breastfeeding practice successful.

For more information about breastfeeding, log on to www.breastfeedingpinay.com.

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NSMP Flyers

MDG-Fund Joint Programme on Ensuring Food Security and Nutrition for Children 0-24 Months Old in the Philippines

The Challenge

© ILO, Toyer

For a poor family, feeding an infant with milk formula could mean cutting their spending on other basic needs. In the Philippines, as reported by the World Health Organization (WHO), a poor family (with an average income of Php7,290 for a family of five) needs to spend about 30 per cent of their income to milk formula to be able to feed an infant. It would be harder to provide the needs for the other members of the family if the milk formula eats too much of the family's budget.

Things are much harder for working mothers in the country as many of them feel the pressure returning to their jobs after giving birth due to financial reasons and concern for their job security.

Moreover, maternity leave in the country is only limited to 8.5 weeks (60 days). This is less than the 14 weeks maternity leave stated in the 2000 ILO Maternity Protection Convention No. 183, which the Philippines has yet to ratify.

As a result, most working mothers are forced to give up exclusively breastfeeding their children from 0 to 6 months and continued breastfeeding 6 months up to two years and beyond, and resort to feeding their infants with expensive infant formula. This deprives the children of optimum nutrition critical to their growth and development.

The Response

The International Labour Organization (ILO), in partnership with other United Nations agencies, takes extra effort to promote maternity protection in the workplace. A Joint Programme through the Millennium Development Goals (MDGs) Achievement Fund is deemed essential in promoting the advocacy and interventions to create an enabling environment and encourage women workers and nursing mothers to practice exclusive breastfeeding in the formal and informal workplace. Particularly, the programme is being implemented in three Joint Programme cities – Naga City, Iloilo City, and Zamboanga City.

This Joint Programme is geared towards contributing to the achievement of the MDG in addressing extreme poverty, hunger, and reducing child mortality rate by complementing the government's efforts of improving infant and young child feeding practices among children 0-24 months old.

Three urban and two rural sites were identified based on poverty levels, prevalence, and magnitude of undernutrition among young children. To ensure the sustainability of the Joint Programme, national government agencies, local government units, health partners managers, and constituents from the labour sector and other partners have been and will continue to get engaged in the planning, implementation, and evaluation of the programme.

Key Statistics

- The World Health Organization reported that poor breastfeeding practices in the Philippines have resulted to additional 1.2 million more cases of diarrhea and pneumonia. Nine out of 10 infants below 6 months old who died were not breastfed.
- Cases of improper feeding, which include lack or absence of breastfeeding, account for 16,000 out of 82,000 deaths for children 5 years old and below.
- In a national survey conducted last 2005, results showed that one-fourth of Filipino children between 0 and 5 years old were either stunted or underweight.

*As stated in the Joint Programme Document of the MDG Achievement Fund Programme on Ensuring Food Security and Nutrition for Children 0-24 Months in the Philippines.

Objectives

- Increase exclusive breastfeeding rates in the project areas by 20 per cent annually.
- Reduce the prevalence of undernutrition by at least three per cent by 2011.
- Improve the capacities of national and local governments and stakeholders to promote and implement programmes on Infant and Young Child Feeding (IYCF).

Relevant ILO Conventions and Recommendations

- Workers with Family Responsibilities Convention, 1981 (No. 156)
- Maternity Protection Convention, 2000 (No. 183)

Achievements

- Consulted labour sector stakeholders and constituents on the promotion of exclusive and continued breastfeeding in the workplace within the three project areas.
- Developed advocacy materials, strategies, and action plans in promoting and implementing exclusive and continued breastfeeding in the workplace together with national and local implementing partners.
- Developing baseline information on exclusive and continued breastfeeding in the workplace, maternity protection through studies, surveys, and gathering of good practices in the three project areas.
- Developed labour sector positions and inputs to the drafting of the implementing rules and regulations of Republic Act 10028 or the Expanded Breastfeeding Promotion Act of 2009.
- Increased awareness and capacities of labour sector constituents and other implementing partners on the Family Welfare Programme, salient provisions of Republic Act 10028 or the Expanded Breastfeeding Promotion Act of 2009 and on the principles of the ILO Convention No. 183, Maternity Protection Convention, 2000.
- Through advocacy, awareness raising, and capacity-building, 22 companies in the three project areas have set-up breastfeeding in the workplace programmes and lactation facilities for nursing employees.
- Set-up Lactation Room at the ILO-CO Manila Office for the use of nursing employees and as a demonstration of model intervention on promoting exclusive breastfeeding in the workplace.
- Established partnerships with the local governments of the three project areas in promoting exclusive breastfeeding in the workplace and demonstrating model interventions on exclusive breastfeeding for workers in the informal economy through the setting-up of three public lactation stations in the project areas.
- Developed Monitoring and Evaluation Tools for Local Government Units for use of public lactation stations and exclusive breastfeeding programmes for workers in the informal economy.

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Contact

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Components

Donor: Government of Spain
Start Date: November 2009
End Date: April 2013
Budget: US\$287,332

Partners: United Nations Children's Fund (UNICEF), WHO, World Food Programme (WFP), Food and Agriculture Organization of the United Nations (FAO), Philippine Government, and other Social Partners

ILO Project Sites: Naga City, Iloilo City, and Zamboanga City

Updated: November 2012

DOLE-BWSC Flyer

Office of Women Workers
Department of Labor and Employment
979 U.S. Highway 504
4. Brixton corner 17th, Kibera Slums, Nairobi, Kenya

MDGI

International Development Goals Achievement Fund (Phragmites
Project 2008), Ensuring Food Security and Nutrition
For Children in 4th District and in the Philippines

W³AP Women Workers Welfare Advocacy Program (Relationship Guide)

Setting Up A Workplace Lactation Station:

A Guide For Employers and Family Welfare Committees

A lactation station provides safe and healthy working conditions for breastfeeding workers without having to sacrifice their maternal role. It is one of the low-cost family-friendly facilities an employer can put up at the workplace to benefit employees and to help employers retain and attract people.

The Republic Act 10028 or the "Expanded Breastfeeding Promotion Act of 2009" adopts a national policy to encourage, protect and support the practice of breastfeeding. It mandates large establishments to set up lactation stations in the workplace and provide compensable time for breastfeeding and lactation periods.

The many benefits of exclusive breastfeeding to the child specifically in the first six months are irreplaceable. The positive effects for the working breastfeeding mother are equally rewarding.

Benefits of exclusive and continued breastfeeding

For the child:

- Reduced chances of infant deaths caused by common childhood illnesses (e.g. pneumonia and diarrhea) and hatched recovery from illness
- Breastmilk provides all the needed nutrients and energy during the first six months of life

For the mother:

- Delay in the return of fertility
- Losing weight gained during pregnancy quickly with more calories burned while producing milk

For the establishment:

- Less absenteeism among workers
- High employee productivity
- Greater company loyalty
- High employee morale
- Improved ability to attract and retain valuable employees
- Family-friendly image in the community
- Lower health care costs

WHAT THE MANAGEMENT CAN DO

(Minimum Requirements for the Establishment of Lactation Stations)

Three simple steps to implement lactation support include the provision of the following:

TIME

- Flexible working hours
- Compensable lactation breaks for expression of breast milk in addition to regular time-off for meals

SPACE

- Private clean space to express milk (but not to be located in the toilet and free from contaminants or hazardous substances).

SUPPORT

- Have a written policy
- Designate a staff member to implement, monitor and evaluate the policy
- Ensure that staff are supportive of breastfeeding mothers

- Ensure behaviour change by providing breastfeeding mothers the following:
 - antenatal breastfeeding orientation sessions/ counseling
 - postnatal follow-up
- Provision of information, education and communication materials regarding lactation management, maternal nutrition and proper nourishment.
- Conduct a weaning survey: when the mother has finished breastfeeding, get her to fill out a survey about what was helpful and what could have made things easier. Similarly, a survey with the rest of the staff about how they felt should also be conducted.

Does supporting breastfeeding or breastmilk expression in the workplace assist or hinder their work and in what way? This will help in making improvements or coming out with best practices in the workplace.

WHAT IS A WRITTEN POLICY?

Here's a sample written policy which the establishment may adopt according to their specific needs and agreements.

(Company Name)
Breastfeeding Policy

(Company) recognizes the importance of breastfeeding for both mother and baby and hereby supports and promotes breastfeeding.

(Company) provides facilities and the support necessary to enable mothers in their employment to balance breastfeeding / breastmilk expression with their work.

Provision of facilities and support includes:

- Lactation breaks: Lactation breaks are compensating breaks. (Company) will allow mothers to take breast rest in the designated company lactation station during breaks or as the need arises
- Flexibility for breastmilk expression breaks: There is flexibility for mothers to take lactation breaks during their working day. There is no negotiation between the mother, employer representative and supervisor
- Facilities include chairs, private area with comfortable chair, hand washing facilities, storage area for coolers, and a refrigerator.
- Access to breastfeeding information: Staff and employers are made aware of this policy. All women who are going on maternity leave will be provided with information on how they can combine breastfeeding and work once they return to work.

Employees who are considering breastfeeding can make arrangements for use of the breastfeeding facilities and other supports before going on maternity leave. She has to notify the Human Resource Department and the Clinic of her intent to use the breastfeeding and other arrangements by filling up the form applying for use of lactation facilities.



WORKPLACE LACTATION STATION

- Small refrigerator or appropriate cooling system for storage of expressed breast milk.
- Sink with running water.
- Electrical outlets for breast pumps.
- Small table to store equipment.
- Small table and comfortable seats.

Suggested steps to set-up and implement the workplace lactation station

- Conduct meetings with the Family Welfare Committee or any agent-level body or structure with workers and management representatives.
- Determine if there is need among the workers.
- Agree on the policy to be implemented.
- Enlist the help of experts in the area of breastfeeding or breastmilk expression and nutritional needs

(Company Name)
Application for Use of Lactation Facilities

Name _____
Employee No. _____
Date of birth of baby _____

I confirm that I will be breastfeeding my child and I intend to avail of the lactation facilities and breast arrangements from (Date) _____ to (Date) _____

I declare that the information given above is true and complete. I agree that when I stop to breastfeed my child, I will notify the management accordingly.

Signature of Employee _____
Date _____
Handed or Confirmed _____

Human Resource Officer or Designated Officer _____

Information for this material are adapted from various sources such as:
www.workers.health.org
www.mwpa.org
www.mwpa.org/health
 International Labour Organization
 ILO, Geneva, CH, 1501
 Labour and Family Welfare Services Unit,
 the edition No. 2009 Publication
 September 2009



International
Labour
Organization

Annex 3: Relevant websites on maternity protection and breastfeeding websites

The screenshot shows the 'REPORT A VIOLATION' form on the Milk Code Philippines website. The form includes fields for 'Report Title', 'Place of Violation', 'Date of Violation' (with a dropdown for month and year), 'Violation Details/Notes', 'Upload Evidence File' (with a 'Choose File' button), and 'Reporter Details' (with fields for First Name, Last Name, Email Address, and Telephone Number). A 'Submit Report' button is at the bottom right. The website header includes the Milk Code Philippines logo and navigation links like Home, About ILO, Report a Violation, News, Events, References, and Partners.

Milk Code Monitoring

- This is intended to monitor the implementation and violations of the Milk Code. Further to the Monitoring guidelines, there is a hotline and website dedicated to disseminate information and receive reports of violations from general public. The rationale is to ensure compliance of the Code through participation of the public
- Website: www.milkcodephilippines.org
- Hotline: +63917.583.1271

The screenshot shows the ILO NORMLEX website page for the 'C183 - Maternity Protection Convention, 2000 (No. 183)'. The page includes the ILO logo and navigation menu. The main content area displays the title, description, adoption date (15 Jun 2000), and status (Up-to-date instrument (Technical Convention)). It also features a 'Preamble' section with text about the General Conference of the International Labour Organization and the need to revise the Maternity Protection Convention (Revised), 1952, and the Maternity Protection Recommendation, 1952, to further promote equality of all women in the workforce and the health and safety of the mother and child.

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ILO home > Labour standards > Subjects covered by International Labour Standards > Maternity protection

International Labour Standards on Maternity protection



Raising a family is a cherished goal for many working people. Yet pregnancy and maternity are an especially vulnerable time for working women and their families. Expectant and nursing mothers require special protection to prevent harm to their or their infants' health, and they need adequate time to give birth, to recover, and to nurse their children. At the same time, they also require protection to ensure that they will not lose their job simply because of pregnancy or maternity leave. Such protection not only ensures a woman's equal access to employment, it also ensures the continuation of often vital income which is necessary for the well-being of her entire family. Safeguarding the health of expectant and nursing mothers and protecting them from job discrimination is a precondition for achieving genuine equality of opportunity and treatment for men and women at work and enabling workers to raise families in conditions of security.

Selected relevant ILO instruments

- Maternity Protection Convention, 2000 (No. 183)** - [ratifications] This convention is the most up-to-date international labour standard on maternity protection, although the earlier relevant instruments - the *Maternity Protection Convention, 1919 (No. 3)* and the *Maternity Protection Convention (Revised), 1952 (No. 103)* - are still in force for countries in certain countries.

Convention No. 183 provides for 14 weeks of maternity benefit to women to whom the instrument applies. Women who are absent from work on maternity leave shall be entitled to a cash benefit which ensures that they can maintain themselves and their child in proper conditions of health and with a suitable standard of living and which shall be no less than two-thirds of her previous earnings or a comparable amount. The convention also requires ratifying states to take measures to ensure that a pregnant woman or nursing mother is not obliged to perform work which has been determined to be harmful to her health or that of her child, and provides for protection from discrimination based on maternity. The standard also prohibits employers to terminate the employment of a woman during pregnancy or absence on maternity leave, or during a period following her return to work, except on grounds unrelated to pregnancy, childbirth and its

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NORMLEX

C103 - Maternity Protection Convention (Revised), 1952 (No. 103)

Convention concerning Maternity Protection (Revised 1952) (Entry into force: 07 Sep 1956)
Adoption: Geneva, 35th ILC session (28 Jun 1952) - Status: Outdated instrument (Technical Convention)

Display in: [French](#) - [Spanish](#) - [Arabic](#) - [German](#) - [Portuguese](#) - [Russian](#) - [Chinese](#)

Go to article: [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#)

Preamble

The General Conference of the International Labour Organisation,
Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Thirty-fifth Session on 4 June 1952, and
Having decided upon the adoption of certain proposals with regard to maternity protection, which is the seventh item on the agenda of the session, and
Having determined that these proposals shall take the form of an International Convention,
adopts this twenty-eighth day of June of the year one thousand nine hundred and fifty-two the following Convention, which may be cited as the *Maternity Protection Convention (Revised), 1952*.

Article 1

1. This Convention applies to women employed in industrial undertakings and in non-industrial and agricultural occupations, including women wage earners working at home.

- NATLEX**
National legislation on...

www.ilo.org

rg/global/topics/equality-and-discrimination/maternity-protection/lang-en/index.htm

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ILO home > Topics > Equality and discrimination > Maternity protection

Maternity protection

 Raising a family is a cherished goal for many working people. Yet pregnancy and maternity are an especially vulnerable time for working women and their families. Expectant and nursing mothers require special protection to prevent harm to their or their infants' health, and they need adequate time to give birth, to recover, and to nurse their children. At the same time, they also require protection to ensure that they will not lose their job simply because of pregnancy or maternity leave. Such protection not only ensures a woman's equal access to employment, it also ensures the continuation of often vital income which is necessary for the well-being of her entire family.

© WHO

Safeguarding the health of expectant and nursing mothers and protecting them from job discrimination is a precondition for achieving genuine equality of opportunity and treatment for men and women at work and enabling workers to raise families in conditions of security.

Highlight

 **ILO report**
Maternity and paternity at work: Law and practice across the world
The study reviews national law and practice on both maternity and paternity at work in 185 countries and territories including leave, benefits, employment protection, health protection, breastfeeding arrangements at work and childcare.

[others get more leave?](#)

Find out more from ILO programmes

- [Conventions of Work and Employment Programme \(TRAVAIL\)](#)

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by type

- Publication (11)
- Normative instrument (8)
- News item (5)
- Article (4)
- Video (3)
- Instructional material (2)
- Statement (1)
- Audio (1)
- Database (1)

[+]

by regions/country

- Global (15)

en/index.htm

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Annex 4: Research tools and materials on exclusive and continuous breastfeeding in the workplace

Endline Study

In 2011, ECOP conducted a baseline study to assess and determine the level of awareness of enterprises on breastfeeding in the workplace. The study “Baseline Study on Breastfeeding in the Workplace” also assessed the needs, and the readiness of companies in setting up programs on breastfeeding in the workplace.

Two survey instruments were developed – one instrument for the employees and the other for the employer – in order to get the perception and responses of both parties. This is to ensure that responses complement each other and are validated.

The endline study shall be used to monitor and evaluate the effectiveness of the program and its impact to both employees and the enterprise. It is also a tool to assess whether the goals set before the institutionalization of the program were achieved. A comparative analysis shall be made between the baseline survey conducted at the beginning of the program and the endline survey.

Endline Survey on Breastfeeding in the Workplace (Employer’s Perspective)

COMPANY PROFILE

1. Name of Company: _____
2. E-mail Address: _____
3. Total Number of Employees: _____

By Gender:

Male:____ Female:____

By Age Bracket:

Under 20 years old	Male:____	Female:____
20 to 29 years old	Male:____	Female:____
30 to 39 years old	Male:____	Female:____
40 to 49 years old	Male:____	Female:____
50 to 59 years old	Male:____	Female:____
0 years old and up	Male:____	Female:____

WORKPLACE:

1. Program

- a. Is there a breast feeding or lactation support program in the company?
☐ Yes ☐ No

If yes, kindly check the items below that show a breastfeeding or lactation support program

- ☐ Training for staff on the advantages and benefits of breastfeeding
- ☐ Training for staff (especially mothers) on how to properly express milk
- ☐ Training for staff in the safe and proper storage and handling of human milk
- ☐ Provision of information regarding lactation management in the form of brochures, pamphlets, tool kits and other situational materials
- ☐ Encouragement / Promotion of breastfeeding / expressing of milk to mothers in the workplace
- ☐ Provision of a lactation room with lactation facilities
- ☐ Others, please specify _____

b. What are the inclusions of the Breastfeeding Program in your company?

- ☐ Education and information for female employees only
- ☐ Education and information for all employees
- ☐ Education and information for female employees with free use of breastfeeding and lactation facilities
- ☐ Education and information for all employees with free use of breastfeeding and lactation facilities for female employees
- ☐ Education and information for female employees with free use of facilities which includes access to health personnel and health workers
- ☐ Education and information for all employees with free use of facilities which includes access to health personnel and health workers

2. Rights and Responsibilities

a. Kindly check if you agree on the following. Check all applicable answers.

- ☐ All health and non-health facilities, establishments or institutions shall establish lactation stations
- ☐ All health and non-health facilities, establishments or institutions may be exempted taking into consideration, among others, number of women employees, physical size of the establishment, and the average number of women who visit
- ☐ Strict measures to prevent any direct or indirect form of promotion, marketing, and/or sales of infant formula and/or breastmilk substitutes within the lactation stations
- ☐ Nursing employees (breastfeeding mothers) should be granted break intervals in addition to the regular time-off for meals to breastfeed or express milk
- ☐ Continuing education, re-education and training of health workers and health institutions on the current and updated lactation management
- ☐ Information dissemination and educational programs of pregnant women and women of reproductive age to equip them with accurate information on maternal nutrition and proper nourishment

- ☐ The Department of Health should develop and provide breastfeeding programs for establishments whose employees are encouraged to avail of it as part of their human resource development programs
- ☐ Employers should develop breastfeeding or lactation support programs which main functions are to assess the needs of lactating employees with adequate information on lactation management
- ☐ National public education and awareness on breastfeeding should be undertaken / Integration of breastfeeding education in the curricula of the elementary, high school and college level
- ☐ Any private non-health facility, establishment or institution which unjustifiably refuses to comply shall be imposed a sanction

3. Facilities

- a. Do you have breastfeeding provisions and facilities available in the company?

☐ Yes ☐ No

If yes, please check below the available breastfeeding facilities in your workplace

- ☐ Lactation room / station or any private area where mothers can express milk or breastfeed their infant or young child
- ☐ Refrigerators or cooling facilities to store expressed breast milk
- ☐ Clean and safe water source and sink for washing
- ☐ Breast pumps
- ☐ Electrical outlets for breast pumps
- ☐ Table and / or chairs for expressing milk
- ☐ Comfortable seats
- ☐ Ventilation in expressing area
- ☐ Private room only where you can sit comfortably (no other electronic facility used for expressing and storing milk)
- ☐ Others (please specify) _____

- b. When did you start providing such facilities to your employees?

- c. Do you have health personnel, health workers and/or breastfeeding coordinators in the company to provide assistance and services to employees especially to working mothers?

☐ Yes ☐ No

If yes, when did they become available to working mothers (provide exact date, if possible)?

If no, who are providing health services to employees? _____

- d. What kind of assistance and service does your health personnel, health workers and/or breastfeeding coordinators provide to your employees?

- ☐ Supervision and training for working mothers on how to breastfeed babies, and express and store breastmilk
- ☐ Counseling support to working mothers and expecting mothers
- ☐ Provides current and accurate breastfeeding information
- ☐ Maintains the clinic and ensures the availability of the lactation facilities such as breastpumps
- ☐ Others, please specify: _____

4. Benefits

- a. What other benefits do female employees enjoy in the company? Please check all applicable answers.

- ☐ Flexible working hours
- ☐ Work from home
- ☐ Extended maternity leave
- ☐ Work part-time
- ☐ Break allowances in order to breastfeed or express milk
- ☐ Maternity leave Job sharing Allowing mothers to bring their babies to the workplace
- ☐ Others (please specify) _____

5. Budget

- a. What is the cost of the program to your employees?

- ☐ Entirely free
- ☐ Partially free, some paid services are to be shouldered by the employee
- ☐ All costs for services are to be co-shared by the company and the employee
- ☐ Through donor organizations / institutions
- ☐ Other arrangements (please specify) _____

- b. Is the program included in your annual budget?

- ☐ Yes
- ☐ No

c. How does the company fund the program?

- ☐ Percentage of annual income
- ☐ Fixed amount determined by management prior to the start of the year
- ☐ Through donor organizations / institutions
- ☐ Other arrangements (please specify): _____

d. How much are you willing to invest in order to run the program?

- ☐ Less than Php100,000.00 in one year
- ☐ At least Php1000,000.00 but less than Php300,000.00
- ☐ At least Php300,000.00 but less than Php500,000.00
- ☐ More than Php500,000.00
- ☐ Other arrangements (please specify): _____

6. Cost of the Program

a. Did you hire additional personnel for the program?

- ☐ Yes ☐ No

If yes, how many personnel did you have to hire to administer the program? _____

What is the status of the newly hired personnel?

- ☐ Regular
- ☐ Casual
- ☐ Project
- ☐ Seasonal
- ☐ Fixed-term
- ☐ Other arrangements (please specify): _____

b. How much did you invest in the purchase of facilities?

- ☐ Less than Php50,000.00
- ☐ At least Php50,000.00 but less than Php100,000.00
- ☐ At least Php1000,000.00 but less than Php300,000.00
- ☐ At least Php300,000.00 but less than Php500,000.00
- ☐ More than Php500,000.00
- ☐ Others, please specify: _____

7. Timeframe

- a. When did the breastfeeding program commence in your company? _____
- b. How long does the company intend to implement the program?
- ☐ It is a sustaining program and part of the company's priorities
 - ☐ Until the internal budget / funds for the purposes are fully exhausted
 - ☐ When the funding of our donor stops
 - ☐ One-time activity only
 - ☐ 2 to 3 years
 - ☐ 4 to 5 years
 - ☐ Less than 2 years

8. Use of facilities

- a. Do you keep track of or record the usage of your lactation rooms and facilities?
- ☐ Yes ☐ No

If yes, how many of your employees are accessing your lactation facilities?

How many times a day does an employee use your lactation facilities?

- ☐ Once a day
- ☐ Twice a day
- ☐ Thrice a day
- ☐ Others, please specify _____

9. What are the factors influencing your company to implement Breastfeeding Program in the Workplace?

- ☐ Fiscal incentives
- ☐ Certification, awards or recognitions given by a credible organization / institution or government agency
- ☐ As the need arises in the workplace
- ☐ Others (Please specify): _____

10. What are the challenges in establishing and implementing breastfeeding program in your workplace? Please check all applicable answers.

- ☐ We do not have a budget for this program
- ☐ This is not a priority of the company
- ☐ Too much effort is required in implementing this program
- ☐ The management does not have time to oversee this kind of program / activity
- ☐ Low number of beneficiaries
- ☐ Lack of support from employees

- ☐ Employees' lack of information on the benefits of the program
- ☐ No immediate benefit for the company
- ☐ Lack of qualified personnel to implement and oversee the program
- ☐ Inadequate facilities
- ☐ Conflict with workload and work arrangements
- ☐ Others (please specify) _____

11. From the time the program was implemented, what immediate impact did the company encounter? Please check all applicable answers.

- ☐ Improved attendance of working mothers
- ☐ Extended maternity leave for pregnant / nursing mothers
- ☐ Increased pregnancy among female workers
- ☐ Decreased pregnancy among female workers
- ☐ Retention and loyalty for valuable female employees
- ☐ Higher rate of employees returning to work after maternity leave
- ☐ Improved productivity of working mothers
- ☐ Better public image for the company Increased morale of workers
- ☐ Lower staff turnover
- ☐ Others (please specify) _____

12. How do you monitor and assess the success of the program?

- ☐ Employee-satisfaction surveys
- ☐ Awards and recognition given to the company
- ☐ Number of users
- ☐ Feedback from supervisors and managers
- ☐ Absenteeism and turnover rates
- ☐ Outputs and productivity of employees
- ☐ Others (please specify) _____

13. What would be the important factors that would motivate you to sustain the breastfeeding program in your company? Why?

Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) Project

Conduct of Baseline Study on Practices, Programmes and Interventions on EBF, IYCF and Maternity Protection in the Workplace and FWP

GUIDE QUESTIONS FOR INTERVIEWS ON EXCLUSIVE BREASTFEEDING (EBF)

Introduction: The objective of this interview is to determine current programs on EBF and the extent to which services are provided to the worker. It looks into current policies of the organization, structure, activities, and resources allocated to implement the EBF program. Please write appropriate responses to spaces provided.

Company	
Name	
Position	
Department	
Address	
Contact Details	

A EXCLUSIVE BREASTFEEDING PROGRAM

	YES	NO	
A1.1 Does your organization have a policy on EBF? If yes, when was the policy on EBF started?			
A1.2 How was this policy initiated/ created in your company? <i>1. Initiated/formulated by the Company</i> <i>2. Initiated/formulated by the Union/workers</i> <i>3. Others, please specify:</i>	YES	NO	
A1.3 If no, please specify reason (s):			

FOR ORGANIZATIONS WITH EBF POLICY

	YES	NO	
A2 What are the provisions of your organization's EBF policy? Please specify: <i>1. Provide breastmilk collection and storage</i> <i>2. Establish lactation stations</i> <i>3. Allow lactation periods</i> <i>4. Other provisions, please specify:</i>			

A2.1	For Breastmilk Collection and Storage:	YES	NO	
A2.1.1	Does your organization provide equipments for breastmilk collection and storage?			
	If no, please specify:			
	Are there incentives involved in breastmilk collection and storage for workers?	YES	NO	
	If yes, please specify:			
A2.1.3	Is there a staff managing/coordinating the program?	YES	NO	
	If yes, please specify:			
A2.1.4	Are there fees involved in the program?	YES	NO	
A2.1.5	If yes, please specify:			
A2.2	For Lactation Periods:			
A2.2.1	For lactation periods, how much interval of time is provided by the organization for every 8-hour period of work?	YES	NO	
	1. 15 minutes			
	2. 20 minutes			
	3. 30 minutes			
	4. 40 minutes			
	5. One (1) hour			
	6 Others, please specify:			
A2.2.2	If no, please specify reason (s):			
A2.2.3	Are there incentives involved in the lactation program for workers?	YES	NO	
	If yes, please specify:			

A2.2.4	Is there a staff assigned to monitor the lactation period program? If yes, please specify:	YES	NO	
A2.3	For Lactation Stations:	YES	NO	
A2.3.1	Does your organization have lactation station(s) in the workplace? If yes, where is the facility located?			
A2.3.2	Who are the target beneficiaries of your services at the lactation station? Please specify:			
A2.3.3	What are the service hours of the lactation station? Please specify:			

FOR ORGANIZATIONS WITH EBF PROGRAMS

A3	Does your organization have a program on EBF?	YES	NO	
A3.1	If yes, when did you start to implement the EBF program?			
A3.2	If no, please specify reason (s):			
A3.3	Who are the target beneficiaries of the EBF Program? Please specify: <i>1. All workers</i> <i>2. Pregnant women</i> <i>3. Lactating mothers only</i> <i>4. Others, please specify:</i>	YES	NO	
A3.4.	What are the objectives of your EBF program? Please specify:			
A3.5	Do you have a facility where EBF services are offered? If yes, please specify:	YES	NO	

A3.5	Is there a staff who manages the EBF Program?	YES	NO	
If yes, please specify:				
A3.6	Did your health staff receive training on EBF? If yes, who received the training? When was the training received? Who gave the training?	YES	NO	
If no, please specify reason (s):				
A3.7	Who are the target beneficiaries/clients of your EBF program? Please specify: How many are these EBF target beneficiaries/clients? What percent do they represent of your employees? (estimate)			
A3.8	What are the activities undertaken by your EBF program? <i>Orientation on EBF</i> Lactation Station <i>Lactation Period</i> <i>IEC materials</i> Others: please specify	YES	NO	
A3.9	Do you have a facility where EBF services are provided?	YES	NO	
If yes, what type of facility do you have for EBF?				
	<i>Lactation Station</i>			
	<i>Health Clinic</i> <i>Room</i> <i>Corner</i> Others: please specify:			
A3.10	What services are offered by your EBF facility? Please specify:			

A3.11	What equipments are included in your EBF facility?	YES	NO	
	<i>Lavatory</i>			
	<i>Refrigerator</i>			
	<i>electrical outlets</i>			
	<i>Table</i>			
	<i>Chairs</i>			
	<i>Promotion paraphenalia</i>			
Other items: please specify:				

SATISFACTION WITH SERVICES

A4	What is the general response of your employees to the EBF program? Please specify:		
A4.1	Do employees avail of these services?	YES	NO
	If yes, please specify reason (s):		
	If no, please specify reason (s):		
A5	Do you have plans of improving the EBF Services?	YES	NO
If yes, please specify:			
If no, please specify reason (s):			
A6	What other policies or activities do you plan to include in the EBF program? Please specify:		

*NOTE Please get data on:
Number of employees initiated to EBF
Duration rates among employees initiated to EBF*

Nature of Company	
Total Number of Workers	
Age Range of Workers	
Average Age of Worker	
Total Male Workers	
Total Female Workers	
Name of Union/Association (if any)	

This data is to be asked only once for EACH company.

THANK YOU VERY MUCH!

ECOP_Lactation in the Workplace

Study Design-draft 1

WHAT WE WANT TO KNOW	DATA COLLECTION TOOL	METHODOLOGY	RESPONDENTS
1. Cost of establishing and operation of Lactation in the workplace program	HR_Cost Tool	Survey Questionnaire	10 companies
2. Perceived “benefits” of the lactation program –on employer’s perspective	HR Interview guide	Key interviews	5 HR representatives
3. Estimate of household cost of breastfeeding and non breastfeeding	Mothers_Cost Tool	Survey Questionnaire	As many as we can pool from the 10 companies identified in #1
4. Validation of Survey Questionnaire	Accomplished Cost Tools	FGD Key interview	Lactating women – from 1 company only 5 HR representatives, will be included during the conduct of #2

Notes:

1. The HR interview guide will consists of clarification on the accomplished tool and additional questions based on the literature review of which I’m currently conducting.
2. The FGD should consist of at least 3 bf mothers and 3 non bf mothers - would only run for an hour
3. As I suggested, we can farm out questionnaires and gather AS MUCH as we can so we could at last have significant sample size when we computed the averages.
4. The proposed field work schedule is as follows: Day 1 AM- 1st company, Day 1 PM – 2nd company; Day 2 AM – 3rd company, Day 2 PM – 4th company and Day 3, - 5th company and FGD.

Cost Effective Analysis

The main objective of this cost-effective study is to analyze the economic impact of EBF/IYCF promotion in workplaces to the company and to the employee's household, where IYCF's economic impact will be further analyzed based on types of feeding (exclusive and continued breastfeeding, mixed feeding, formula feeding) and periods (6 months, shorter than or longer than 6 months) as independent variables.

Stratified random sampling of firms was done and women employees (specifically mothers) were interviewed. At least 30 percent of the total mother employees in selected firms were interviewed at random.

RESEARCH STUDY PROTOCOL

Title of Project:	Conduct of Cost-Effective Analysis on Infant and Young Child Feeding in the Workplaces – under the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace
Principal / Proponent:	Health Alternatives for Total Human Development (HEALTHDEV) Institute, Inc.
Contact Person:	Rosemarie Johnson-Herrera Executive Director/ NSMP Project Coordinator
Research Team:	
Senior Statistical Researcher:	Joselito T. Sescon
Lead Researcher:	Rachel Reyes-Sescon
Field Researcher:	Leonora B. Cabanes, RN, MAN
Field Researcher/Data Encoder:	Donna Marie M. Curry, RN
Field Researcher/Data Encoder:	Roland Bryan Tobias, RN

BACKGROUND AND SIGNIFICANCE OF THE STUDY

The Millennium Development Goal-Fund (MDG-F) Joint Programme on Ensuring Food Security and Nutrition for Children 0-24 Months' Output on implementing support mechanisms for working mothers in formal and informal workplaces to promote exclusive breastfeeding in the workplace (EBFW) in Naga City, Iloilo City and Zamboanga City, is in its third and last year of implementation. To sustain exclusive breastfeeding initiatives in the workplace under the MDGF JP on CFSN, ILO implemented the Nutrition Security and Maternity Protection through

Exclusive and Continued Breastfeeding Promotion in the Workplace (otherwise known as the NSMP Project) as a complementary effort, which among others include the production of an NSMP ToolKit, that would serve as reference by different stakeholders in its advocacy work.

An important component of the NSMP Toolkit, is the cost-effective analysis on Infant and Young Child Feeding (IYCF) in the workplace in the 3 JP cities.

OBJECTIVE OF THE STUDY

To analyze the economic impact of EBF/IYCF promotion in workplaces to the company and to the employee's household, where IYCF's economic impact will be further analyzed based on types of feeding (exclusive and continued breastfeeding, mixed feeding, formula feeding) and periods (6 months, shorter than or longer than 6 months) as independent variables.

Major Task

- Conduct of cost-effective analysis on infant and young child feeding in the workplaces in the three (3) NSMP Joint Programme areas, particularly in the cities of Naga, Iloilo and Zamboanga.

Selection of Participants

The interviews shall be conducted to randomly selected women employees from firms in the three (3) NSMP Joint Programme project areas in the cities of Iloilo, Naga, and Zamboanga.

Initial data on the number of firms show the following figures (for further verification): Naga City	270 firms (no details yet)
Iloilo City	2,729 firms (based on 2009 figures from DTI-Iloilo)
Zamboanga City	210 firms (for further verification)

A list of firms chosen randomly from the 3 JP areas shall be formally informed on the planned interviews. The selected firms shall be requested to submit a list of all their female employees from where 30% shall be randomly selected. The selected firms shall also be requested to send an official representative knowledgeable on the company's human resources and other HR-related matters such as policies, programs, training staff, etc. for a scheduled interview with a field researcher.

Women-employees randomly chosen from the list provided by the firm shall be asked for their consent prior to any interviews.

All identities and responses shall be treated as strictly confidential but the data generated shall be used to identify current practices on breastfeeding. The result of the study shall be shared to NSMP/IYCF project partners to provide inputs on how to further improve current practices

through better policies and interventions so that female workers can effectively combine their reproductive and productive roles, thereby improving the health and nutrition situation of children in the three (3) JP areas.

Research Focus and Methodology

- Stratified random sampling of firms whose women employees (specifically mothers) will be interviewed. At least 30 percent of the total mother employees in selected firms shall be interviewed at random.
- Of the stratified selected firms:
 - o At least half of the firms with EBF/IYCF promotion policies
 - o At least half of the firms without policies
 - o If only a few firms have policies and programs on EBF/IYCF, then at least 30 percent of the total firms with EBF/IYCF is acceptable.
- The following data should be significantly captured:
 - o Whether firms have breastfeeding policy and promotion with its employees (and the description)
 - o All children (0 – 18) of working mothers surveyed, if these children were breastfed exclusively, mixed, or formula only in the first six months of age. And, if these children were sick, the types of sickness in the last six months (reference period during interview/survey).
 - o Family members' basic demographics on age, employment, educational attainment and estimated income.
 - o Working mothers total years of working with the company or firm.
 - o Recall of mothers how many times they were absent or unable to work because of their children's (0 – 18 years old) illnesses.
 - o Reasons by mothers of exclusive breastfeeding, mixed feeding and formula only.
 - o Level of happiness of mothers of their work, of their workplaces, and of their life as a whole.
- Given above data, the following will be estimated:
 - o The difference in the incidence of sickness of children (exclusively breastfed, mixed feeding, and formula only in the first six months).
 - o The difference in the incidence of breastfeeding of working mothers between firms with and without breastfeeding policy or programs for its employees.
 - o The difference of happiness of their jobs and work places between working mothers in firms with and without breastfeeding policy/programs.
 - o The difference of happiness of their lives between working mothers who breastfeed, mixed feeding and formula milk only.
 - o The measurement of those differences above shall control on family size, estimated income, age, years of working with the firm, and educational attainment with the use regression analyses.

- o The cost-effectiveness shall be measured from the significant differences on incidence of sickness of children (aged 0 – 18 years old) and difference of happiness of working mothers of their jobs and in their workplaces.
- o The cost-effectiveness of actual monetary valuation of the differences shall be a recommendation for further study.

STATUS AS OF DATE

- The research protocol was presented to and commented by the Sub-TWG during the meeting in January 14, 2014. Their comments, particularly on the determination of level of individual worker's satisfaction in her personal, productive and reproductive life have been considered and integrated into the questionnaire.
- Identification of firms for the study is constrained by the limited information on the firms gathered from the various websites (City Government concerned, Local Chamber and DTI listing). The listings do not provide information on the number of employees which is crucial to the determination of the sample. This was raised during the meeting of the Sub-TWG, to which they committed to provide the data through email for follow-up by HEALTHDEV.
 - o The only data on the firms gathered from the Sub-TWG was on Iloilo City, which still does not present the exact name of the firms, and thus needed to be validated with SEC listings.
 - o Zamboanga City – listing of major industries and SMEs, but mostly on the name of the firm, address, type of business or sector, but none on size or number of workers/employees.
 - o Naga City – listing of name of firms, address/contact number and business type, which does not differentiate them as to major industry or SME. Again, no data on number of employees.

/17January2014



HEALTHDEV INSTITUTE

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Field Control No.: _____

Name of Interviewer _____

[Brief introduction by the Interviewer]:

Hi, I am _____ from the Health Alternatives for Total Human Development Institute, Inc. We are conducting a study on breastfeeding practices in the workplace and in the home. The study is an important component of the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace (NSMP) Project of ILO and its implementing partners in the city of _____. Your name was provided by _____ (Name of Establishment/Company) and has been selected at random. I'd like to gather data about you, your household and ask your views on a few subjects. Both your identity and responses will be treated as strictly confidential but the data generated will help your LGU and company identify current practices on breastfeeding and provide input on how to improve such practices through better policies and interventions so that female workers can effectively combine their reproductive and productive role, thereby improving the health and nutrition situation of children in the city of _____. Would you agree to proceed with this interview?

[Note to interviewer]

- Wait for affirmative reply from respondent. If she declines, thank her for her time. Refer to the next name in the list.
- For affirmative reply, say: Thank you for agreeing to this interview. Let us now begin.

[Maikling pagpapakilala ng Interviewer]:

Kumusta, ako po si _____ mula sa Health Alternatives for Total Human Development Institute, Inc. Ang HealthDev po ay nagsasagawa ng isang pag-aaral tungkol sa mga kasanayan sa pagpapasuso sa lugar ng inyong trabaho at sa inyong tahanan, bilang bahagi ng Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Project ng ILO, ng inyong Pamahalaang Lungsod at labor groups. Ang inyong pangalan ay mula sa listahan na galing sa _____ (pangalan ng kumpanya) at nakasama sa random na pagpili. Ako po ay magtatanong ng ilang bagay tungkol sa inyong sarili, sa inyong tahanan at inyong pagtingin sa ilang mga bagay. Ang inyo pong pagkakakilanlan, opinyon at sasabihin ay mananatiling confidential. Ang mga datos na makukuha ay makakatulong sa lahat ng project partners, lalo na sa inyong pamahalaan at kumpanya sa pagtukoy ng mga kasalukuyang nakagawian sa pagpapasuso at makakatulong sa pagtataguyod ng eksklusibo at patuloy na pagpapasuso na hindi nakokompromiso ang pagganap ng kababaihan sa kanyang gampanin bilang ina at manggagawa, sa pamamagitan ng mga patakaran at mekanismo ukol dito. Pumapayag po ba kayo na ituloy natin ang panayam na ito?

[Paalala sa Interviewer]

- Hintayin ang pagsang-ayon ng kakapanayamin. Kung hindi siya sang-ayon, pasalamatan siya sa maikling oras na pagkaabala.
- Kung sumang-ayon, sabihin: Maraming salamat sa pagpapaunlak sa panayam na ito. Magsimula na po tayo.

Interview Questionnaire for Women-Employees on Breastfeeding Practices at the Workplace & at Home

Date of Interview:

Time Started:

INTERVIEW QUESTIONNAIRE FOR EMPLOYEE-MOTHERS ON BREASTFEEDING PRACTICES AT THE WORKPLACE AND AT HOME

I. General Information

Name of Respondent:	
Age at last birthday:	Civil Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed
Address:	
Ethno-Linguistic Group [How they identify themselves (Tagalog, Bisaya, Bicolano, etc)]:	
Religion:	
Total no. of years employed [<i>Bilang ng taon na nagtrabaho</i>]:	
Total no. of years with current employer [<i>Bilang ng taon sa kasalukuyang trabaho</i>]:	
Are you a member of a workers' union? [<i>Miyembro ka ba ng union?</i>] ☐ Yes ☐ No	
Do you smoke? [<i>Nagsisigarilyo ka ba?</i>] ☐ No ☐ Yes; For how long/ <i>Gaano katagal na?</i>	
Do you drink alcohol? [<i>Umiinom ka ba ng alak/beer?</i>] ☐ No ☐ Yes	

II. Company Information

2.1 Name of
Company:

2.2 Company Information on Breastfeeding Practices

2.2.1 The company has a written breastfeeding policy and guidelines that are routinely communicated to all employees since year _____.

[*May nasusulat na polisiya at patakaran ang kumpanya tungkol sa breastfeeding na regular na ibinabahagi sa lahat ng empleyado mula ng taong _____.*]

☐ Yes/Meron ☐ No/Wala ☐ Don't know/Di alam

If YES, describe the written policy briefly.

[*Kung MERON, ilahad ng maikli ang nasabing polisiya.*]

If NO, describe briefly the reason why.

[*Kung WALA, ilahad ang dahilan.*]

- 2.2.2 The company informs pregnant women employees and their families about the benefits and management of breastfeeding.
[Nagbabahagi ang kumpanya ng mga impormasyon tungkol sa benepisyong dulot ng pagpapasuso sa mga babaeng empleyado at sa kanilang pamilya.]
☐ Yes/Oo ☐ No/Hindi ☐ Don't know/Di alam

If YES, describe briefly how the information is communicated to pregnant employees.

[Kung OO, ibahagi kung paano ito naipaparating sa mga empleyadong babae.]

If NO, describe briefly the reason why.

[Kung HINDI, ilahad ang dahilan.]

- 2.2.3 The company promotes breastfeeding by: (place a ✓ mark inside the box if yes.)
[Itinataguyod ng kumpanya ang pagpapasuso sa pamamagitan ng:]

☐ providing lactation rooms for mothers and infants since year _____.
[Naglaan ng kuwarto para magamit ng nagpapasusong ina at ng kanyang sanggol mula ng taong _____.]

If yes, describe briefly the room's location and convenience to lactating mother-employees.

[Kung oo, ilahad ang lokasyon ng lactation room at gaano ito kaginhawang gamitin ng inang manggagawa.]

☐ providing lactation breaks for mother-employees
[naglaan ng lactation breaks o panahon para mag-express ng gatas ang inang-manggagawa]

If yes, describe briefly when and the frequency of lactation breaks.

[Kung OO, ilahad kung kailan at gaano kadalas ang lactation breaks na inilaan para sa mga inang manggagawa.]

Interview Questionnaire for Women-Employees on Breastfeeding Practices at the Workplace & at Home

☐ encourages formation of support groups among employees inside and outside the company.

[naghihimok o sumusuporta sa pagbubuo ng support groups ng mga nagpapasusong inang empleyadong sa loob at labas ng kumpanya]

If YES, describe briefly how the support groups helped lactating mother-employees.

[Kung OO, ilahad kung paano nakatulong ang support groups sa nagpapasusong empleyadong ina.]

- 2.2.4 The company promotes breastfeeding with mother-employees in terms of the following: *[Sinusuportahan ng kumpanya ang pagpapasuso ng mga empleyado ina sa mga sumusunod]:*

_____ Number of trained staff to promote the breastfeeding policies.
Describe briefly the position of these staff and their work.

III. Mother's Information

Family Member	Immediate members of the Family including the respondent mother [Mga miyembro ng Pamilya kasama ang respondent mother]: <i>Note: Nickname o Palayaw lamang ang isulat. Unang isulat ang "head of family" sa (01) bago ang iba pang miyembro ng pamilya</i>	Relationship to Head of Family [Ano ang relasyon sa head of family?] <i>(see Codes for Col 3)</i>	Gender [Kasarian]	Age Ilang taon na po si _____ noong huli niyang kaarawan (last birthday)?	Civil Status 1-Single 2-Married 3-Separated 4-Widow	Ano po ang antas sa edukasyon na naabot ni _____?	FOR CHILDREN of RESPONDENT BELOW 18 YEARS OLD: PLEASE IDENTIFY IF FOR THE FIRST SIX MONTHS DURING INFANCY IF S/HE WAS: 1-Exclusively breastfed 2-Mixed feeding 3-Formula milk only
[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]
01							
02							

Interview Questionnaire for Women-Employees on Breastfeeding Practices at the Workplace & at Home

03							
04							
05							
06							
07							
08							
09							
10							

Codes for Column [3] Relationship with Head of Family:

- 1 Head
- 2 Spouse
- 3 Son/Daughter
- 4 Son-in-law/Daughter-in-law
- 5 Grandson/Granddaughter
- 6 Father/Mother
- 7 Other relatives

Codes for Column [6] Civil Status:

- 1 Single
- 2 Married
- 3 Widowed
- 4 Divorced/Separated
- 5 Unknown/Others

IV. Employment Information

Family Member	Sino sa mga miyembro ng Pamilya ang may hanapbuhay nitong nakaraang anim na buwan? <i>(Pakisulat ang Palayaw)</i>	Ano po ang pangunahing hanapbuhay? (Ex: Teacher, driver, carpenter, etc.)	Estimate na kinikita bawat buwan	Regular ba ang trabaho ni _____ sa nakaraang 6 na buwan? 1-Oo 2-Hindi	In the average, how many months did you work in the last six months? <i>[Ilang buwan nag-trabaho si _____ sa nakaraang 6 na buwan?]</i>	Saan namamasukan si _____? (Ex: Private company; private household; government agency, etc.)
	[9]	[10]	[11]	[12]	[13]	[14]

V. Health Information

Family member	FAMILY MEMBERS WHO GOT SICK DURING THE LAST SIX MONTHS .	Age	WHAT TYPE OF SICKNESS DID _____ HAVE DURING THE LAST SIX MONTHS ? (Multiple entries, please see codes provided)	DID _____ SEE ANY HEALTH PRACTITIONER DURING THE PAST SIX MONTHS , including regular medical check up? 1 Yes 2 No
	[15]		[16]	[17]

Codes for Column [15] on Type of Sickness:

1 Headache	8 Pneumonia	15 Malnutrition
2 Flu/fever	9 Obesity	16 Heart disease
3 Diarrhea	10 Skin diseases	17 Pulmonary TB/ primary complex
4 Colds/cough	11 Urinary tract infection (UTI)	18 Epilepsy
5 Asthma	12 Anemia	19 Learning disabilities
6 Intestinal parasitism	13 Peptic or gastric ulcer	20 Allergies, specify _____
7 Diabetes	14 Ear infection	21. Others, specify _____

a. How many children do you have? _____.

b. State the reason -

EXCLUSIVELY BREASTFED:

Why you exclusively breastfed your child/ren for six months:

MIXED FED:

Why you mixed fed (breast milk & formula milk) your child/ren for six months:

FORMULA MILK ONLY:

Why you gave formula milk only to your child/ren:

c. How much did it cost you? *[Magkano ang nagastos ninyo...]*

1. When you were exclusively breastfeeding, did you incur expenses for the following:

Item	Cost (please state frequency of purchase, e.g. daily, weekly, monthly or one time)
Nursing bra	
Nursing pads	
Feeding bottles	
Breast pump	
Ice chest/box	
Sterilizer	
Mother supplements	
Others, pls. specify	

Please state the year of your breastfeeding period _____ Year

2. When you were mixed feeding, did you incur expenses for the following:

Item	Cost (please state frequency of purchase, e.g. daily, weekly, monthly or one time)
Nursing bra	
Nursing pads	
Feeding bottles	
Breast pump	
Ice chest/box	
Sterilizer	
Mother supplements	
Infant formula	
Others, pls. specify	

Please state the year of your mixed feeding period _____ Year

3. When you were formula feeding only, did you incur expenses for the following:

Item	Cost (please state frequency of purchase ,e.g. daily, weekly, monthly or one time)
Feeding bottles	
Ice chest/box	
Sterilizer	
Infant formula, pls. specify	
Others, pls. specify	

Please state the year of your formula feeding period _____ Year

- d. How many times were you absent from work because of tending to your children's (0 – 17 years old) illnesses?

- _____ 1. During this year (January 2014 – Present)
 _____ 2. During last year (2013)
 _____ 3. During year 2012
 _____ 4. During year 2011
 _____ 5. During year 2010

- e. What are the usual children's illnesses that caused most of your absences (rank from the most frequent illness to the least)

- _____ 1.
 _____ 2.
 _____ 3.
 _____ 4.
 _____ 5.

VI. Perception on Life

- 6.1 Using a 0 – 10 scale, where “0” means “0% happy” and “10” means “100% happy”:
How happy are you as a whole with your job? [*Gaano ka kasaya sa iyong trabaho?*]
(Encircle number. Indicate “NA” if respondent-mom does not work or does not have work or already retired.)

	0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	---	----	---

- 6.2 Using a 0 – 10 scale, where “0” means “0% happy” and “10” means “100% happy”:
How happy are you as a whole at your place of work? [*Gaano ka kasaya sa lugar na iyong pinagtatrabahuan?*]
(Encircle number. Indicate “NA” if respondent-mom does not work or does not have work or already retired.)

	0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	---	----	---

- 6.3 Using a 0 – 10 scale, where “0” means “0% happy” and “10” means “100% happy”:
How happy are you with your life as a whole? [*Gaano ka kasaya sa iyong buhay?*]
(Encircle number)

	0	1	2	3	4	5	6	7	8	9	10	
---	---	---	---	---	---	---	---	---	---	---	----	---

MARAMING SALAMAT PO!

Time Finished:

Annex 5 Local ordinances/policies on breastfeeding in the workplace

Sample



Republic of the Philippines

OFFICE OF THE CITY MAYOR

City of Iloilo

**“AN ORDINANCE ADOPTING A CUSTOMIZED PROMOTION OF EXCLUSIVE
AND CONTINUED BREASTFEEDING IN THE INFORMAL WORKPLACES”**

REGULATION ORDINANCE No. _____

Sponsored by Hon. _____

WHEREAS, the RA 7600 as amended by RA 10028 known as “The Expanded Breastfeeding Promotion Act No. 7600 of 2009” was passed, of which one among the State policies is to protect women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation;

WHEREAS, such policy is consistent with international treaties and conventions such as the :

- 1) Convention on the Elimination of Discrimination Against Women (CEDAW),
- 2) UN Human Rights Convention adopted in 1979 ratified by most countries,
- 3) ILO Convention on Maternity Protection No. 183 which was expanded to include women workers at home and increase benefits,
- 4) Convention on the Rights of Child (CRC) which was adopted by the UN General Assembly in 1989 that recognizes the importance of breastfeeding as an essential component of children’s rights to optimal health and development , and the,
- 5) Beijing Platform for Action and Strategic Objective which promotes harmonization of work, and family responsibilities

WHEREAS, the 1987 Philippine Constitution furnishes the general policy guidelines that the State is mandated to apply to all workers :

- 1) that under Article II of the Declaration of Principles and State Policies :
 - 1.a) Section 9 : the “ State shall promote a just and dynamic social order that will ensure the prosperity and independence of the nation and free the people from poverty through policies that provide adequate social services, promote full employment, a rising standard of living and an improved quality of life for all” stated under,
 - 1 .b) Section 18 : the “State affirms labor as a primary social economic force. It shall protect the rights of workers and promote their welfare”, and,
- 2) that Article XIII , Sections 10,11,14 and 23 promotes social justice, values the dignity of every individual, guarantee full respect for human rights.....)

WHEREAS RA 10028, “The Expanded Breastfeeding Promotion Act of 2009” , provides that :

- 1) Sec. 4 , Applicability – “The provisions of this chapter shall apply to all private enterprises as well as government agencies, including their subdivisions and instrumentalities, and government- owned and controlled corporations.
- 2) Chapter III, Section 11 – “ It is hereby mandated that all health and non-health facilities, establishments or institutions shall establish lactation stations. The lactation stations shall be adequately provided with the necessary equipment and facilities, such as: lavatory for hand-washing, unless there is an easily-accessible lavatory nearby; refrigeration or appropriate cooling facilities for storing expressed breast milk; electrical outlets for breast pumps; a small table; comfortable seats; and other items, the standards of which shall be defined by the Department of Health. The lactation station shall not be located in the toilet.”
- 3) "Chapter IV" , Sec. 13 - Continuing Education, Re-education and Training of Health Workers and Health Institutions while Sections 9 and 12 both requires continuing information dissemination and educational programs of pregnant women and women of reproductive age.
- 4) Chapter IV, Sec. 17 – provides under letter-e “To instill recognition and support and ensure access to comprehensive, current and culturally appropriate lactation care and services for all women, children and families, including support for breastfeeding mothers in the work force while letter –b provides the “guarantee the rightful place of breastfeeding in society as a time honored tradition and nurturing value as well as a national health policy that must be enforced”;

WHEREAS, RA 9710, the “Magna Carta of Women” provides to ensure of :

- 1) maternal care,
- 2) promotion of breastfeeding ,
- 3) Comprehensive Health Information and Education,

- 4) to ensure and progressively realize of Decent Work standards for women that involve the creation of jobs of acceptable quality in conditions of freedom, equity, security, and human dignity.
- 4.a Support services and gears to protect them from occupational and health hazards taking into account women's maternal functions;
- 4.b Support services that will enable women to balance their family obligations and work responsibilities including, but not limited to, the establishment of day care centers and breast-feeding stations at the workplace, and to, the establishment of day care centers and breast-feeding stations at the workplace, and

WHEREAS, the Local Government of 1992 provides:

- 1) **SEC. 16. General Welfare.** - Every local government unit shall exercise the powers expressly granted, those necessarily implied there from, as well as powers necessary, appropriate, or incidental for its efficient and effective governance, and those which are essential to the promotion of the general welfare
- 2) **SEC. 17. Basic Services and Facilities.** –
 - 2.a) The Local government units shall endeavor to be self-reliant and shall continue exercising the powers and discharging the duties and functions currently vested upon them. They shall also discharge the functions and responsibilities of national agencies and offices devolved to them pursuant to this Code. Local government units shall likewise exercise such other powers and discharge such other functions and responsibilities as are necessary, appropriate, or incidental to efficient and effective provision of the basic services and facilities enumerated herein.

WHEREAS , the Department of Interior and Local Government MC 2011-54 of April 19, 2011, provides under No. 4 , to pursue public-private partnership to help set up and sustain appropriate lactation management program to include those in the informal sector

WHEREAS , the ADMINISTRATIVE ORDER NO. 341 of 1997 - IMPLEMENTING THE PHILIPPINE HEALTH PROMOTION PROGRAM THROUGH HEALTHY PLACES provides:

- 1) **SECTION 5.** Role of the Local Government Units and Involvement of NGOs, POs, and Private Sector. — The local government units, in coordination with concerned agencies :
 - 4.a shall ensure continued promotion of strategic health messages in key settings in LGU's
 - 4.b shall also be responsible in building and sustaining a health supportive environment based on the standard health indicators for each key setting through multi-sectoral consultations, advocacy, networking, capability building and community action.
- 2) **SECTION 6. Key Settings.** — The program shall work through key settings or "Healthy Places" which shall include homes, schools, workplaces, vehicles, streets/bus stations, eating places, hospitals, hotels, markets, movie houses, rest rooms, ports, prisons, and resorts.

WHEREAS, exclusive breastfeeding has distinct advantages such as providing lifetime antibiotics with the first milk , enhancing mother-child relationship, saving time, energy , and medicine and zero cost of mother's milk.

WHEREAS, with the aforementioned circumstances , the City of Iloilo, shall also promote exclusive breastfeeding in the informal workplaces with Lactation Management Program that is customized to the peculiarities of the workers in the informal economy who have been marginalized and yet contributes more than 40% to the GDP.

NOW BE IT ORDAINED, by the Sangguniang Panglunsod of Iloilo City, in session duly assembled , that :

Section 1: Title: That this ordinance shall be known as “AN ORDINANCE ADOPTING THE CUSTOMIZED PROMOTION OF EXCLUSIVE BREASTFEEDING IN THE INFORMAL WORKPLACES” .

Section 2: Definition of Terms : For the purpose of this Ordinance, the following terminologies shall be defined :

- 2.a) Workers in the informal economy as defined under RA 9710 otherwise known as an “Act Providing Magna Carta of Women” refers to self-employed, occasionally or personally hired, subcontracted, paid and unpaid family workers in household incorporated and unincorporated enterprises, including home workers, micro- entrepreneurs and producers, and operators of sari-sari stores and all other categories who suffer from violation of workers' rights;
- 2.b) Lactation management - the general care of a mother-infant nursing couple during the mother's prenatal, immediate postpartum and postnatal periods. It deals with educating and providing knowledge and information to pregnant and breastfeeding mothers
- 2.c) Lactation stations - private, clean, sanitary, and well-ventilated rooms or areas in the workplace or public places where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward.
- 2.d) Informal workplaces operated publicly and privately such as common merchandising centers markets, transport terminals, common production centers , spaces provided for flea markets, and others of similar conditions.
- 2.e) Workplace policy on exclusive breastfeeding are internal rules and regulations set by the informal sector association or operators of informal workplaces on the use of lactation facilities and lactation management program , development of which is guided by the Local City Health and Nutrition Offices.

Section 3 : Continuing education at the informal workplace :

- 3.1) That the Local City Health Office in partnership with informal labor or workers associations, People's Organizations, NGO's, private sector and other similar organizations shall have its regular activity on continuing information,

education and practice of exclusive breastfeeding at the informal workplace among the counselors, workers, operators and clientele .

Section 4 : Provision of Lactation facilities : That the City of Iloilo shall provide lactation station facilities in informal workplaces and develop lactation management program in consultation with the workers in the informal sector .

Section 5: Sustainability of lactation stations in informal workplaces :

- 5.1) For the purpose of maintaining the operations of informal work place lactation stations and the cost of lactation management, the City Local Enterprise Office shall allocate 3% from the mandatory GAD Funds;
- 5.2) The association managing the lactation station maybe allowed to collect a minimal fee for the use of lactation room in case amount resourced through Sec. 4.1 of this ordinance is not enough
- 5.3) The barangay health workers, peer educators and the barangay nutrition scholars shall be funded also from the City GAD Funds honoraria while the transport terminals shall be provided also maintenance and sustaining lactating management programs
- 5.4) That the City of Iloilo shall pursue public-private partnership to implement This ordinance.

Section 6 : Participation in Governance :

- 6.1) That the informal sector organization is represented to the local LGU body on the implementation of this Ordinance and similar ordinance and in monitoring and evaluation. The local WIS organization shall select annually their official representative

Section 7 : Business Permit Requirement

- 7.1) That the city treasurer shall require certification of attendance on lactation to be issued by the managing organization of a lactation station to its members as a prerequisite to business permit issuance and renewal.

Section 8 : Separability Clause : Should any clause, sentence, paragraph or part of This Ordinance be declared invalid, the remainder of This Ordinance shall remain in force and in effect.

Section 9: Effectivity Clause : This ordinance shall be effective fifteen (15) days after posted in local news papers for three (3) consecutive times.

ENACTED ON _____.

Sample



Republic of the Philippines

OFFICE OF THE CITY MAYOR

City of Naga

EXECUTIVE ORDER NO. 2014 - _____

IMPLEMENTING RULES AND REGULATIONS OF CITY ORDINANCE NO. 2011-032,
REQUIRING ALL GOVERNMENT AGENCIES/OFFICES AND PRIVATE
ESTABLISHMENTS AND INSTITUTIONS IN THE CITY OF NAGA TO ESTABLISH
BREASTFEEDING CORNER OR LACTATION STATIONS THEIR OFFICES/
ESTABLISHMENTS/INSTITUTIONS INCLUDING THEIR INSTRUMENTALITIES
AND PROVIDING THE MECHANISMS FOR ENFORCEMENT AND PRESCRIBING
PENALTIES FOR VIOLATIONS THEREOF:-

RULE 1

GENERAL PROVISIONS

Section 1. Title. – These Rules shall be known and cited as the ***RULES AND REGULATIONS IMPLEMENTING CITY ORDINANCE NO. 2011-032***, entitled, “An ordinance requiring all government agencies/offices and private establishments and institutions in the City of Naga to establish breastfeeding corner/room or lactation room in their offices/establishments/ institutions including their instrumentalities and providing the mechanism for enforcement and prescribing penalties for violations thereof.”

Section 2. Purpose. – These Rules are promulgated to prescribe the procedure and guidelines for the implementation and to effectively enforce the provisions of the aforementioned ordinance for the ultimate purpose of facilitating the compliance therewith and to achieve the objectives for which the ordinance was enacted.

Section 3. Construction. – These Rules shall be literally construed and applied in accordance with and in furtherance of the policies and objectives set forth in Ordinance No. 2011-032. Should any provision hereof, admit of two or more interpretations, that which gives effect and life to the policies and objectives referred to shall be followed. In case of doubt, the controversy shall be resolved in favor of promoting such policies and objectives.

Section 4. Declaration of Policy. – The Philippines is committed to the attainment of the Millennium Development Goals No. 1 and No. 4; on reducing hunger and poverty with a measure on reducing under-five (5) child mortality rate by two thirds (2/3) by 2015. The World Health Organization's experts have identified breastfeeding as the most cost-effective measure to prevent infant and young child deaths.

The Department of Health's National Policy on Infant and Young Child feeding and the National Nutrition Council (NNC) recommended the following:

- (a). Breastfeeding initiated within one (1) hour after birth;
- (b). Exclusive breastfeeding for the first six (6) months of life;
- (c). Continue breastfeeding up to two (2) years and beyond with the introduction of safe, affordable and appropriate complementary food.

Republic Act No. 10028, an Act expanding the promotion of breastfeeding, otherwise known as the Expanded Promotion of Breastfeeding Act of 2009, amending Republic Act No. 7600, known as "An Act providing incentives to all government and private health institutions with rooming-in and breastfeeding practices and for other purposes", requires all private and public institutions, medical and non-medical, to set up lactation facilities in the workplace with appropriate lactation program to allow employees to express their milk that would ensure optimum health and proper nutrition of their infants.

Furthermore, Memorandum Circular No. 2011-54 from the Department of Interior and Local Government emphasizes the implementation and monitoring of the National Policy

on Breastfeeding and setting-up of workplace lactation program including the informal workplaces like public markets, terminals, common production and service centers, and others of the like.

Nevertheless, breastfeeding is a gender-related concern and should be incorporated in the GAD Plan of all government and private agencies and offices. Towards this end, the State shall promote and encourage breastfeeding and provide the specific measures that would present opportunities for mothers to continue expressing their milk and/or breastfeeding their infant or young child without having the women choose between maternal functions and economic activities especially the marginalized sector, such as the women in the informal economy.

RULE II

DEFINITION OF TERMS

Section 5. Definitions. – As used in the ordinance, the following terms shall have the following meanings:

- (a). **Breastfeeding** – the method of feeding an infant directly from the human breast.
- (b). **Breast milk** – the human milk from a mother.
- (c). **Expressing milk** – the act of extracting human milk from the breast by hand or by pump into a container.
- (d). **Expressed breast milk** – the human milk which has been extracted from the breast by hand or by pump. It can be fed to an infant using a dropper, a nasogastric tube, a cup and spoon, or a bottle.
- (e). **Infant** – a child within zero (0) to twelve (12) months of age.
- (f). **Young Child** – a child from the age of twelve (12) months and one (1) day up to thirty-six (36) months.
- (g). **Breastfeeding Room/Corner** – private, clean, sanitary and well-ventilated room or area in the workplace where nursing/lactating mothers can wash up, breastfeed or express their milk comfortably and store the expressed milk afterward. Operationally, can be interchanged with Breastfeeding facility.

- (h). **Breast milk storage** – a refrigerator or container that can be used in storing expressed breast milk from the mother.
- (i). **Mother’s milk** – the breast milk from the newborn’s own mother.
- (j). **Workplace** – work premises, whether private enterprises or government agencies, including their subdivisions, instrumentalities and government-owned and – controlled corporations and public places operated by the government.
- (k). **Government Offices** – all offices being run by the government, including all government-owned and controlled corporations and their instrumentalities.
- (l). **Private Institutions** – privately owned and managed establishments, whether for profit or not. (m) **CHO** – refers to City Health Office
- (n). **CPNO** – refers to City Population and Nutrition Office
- (o). **Business Licenses/permits** – documents issued by the Office of the City Mayor that serve as proofs that a particular business establishment is authorized to operate its business.
- (p). **Workers in the Informal Economy** : Workers in the informal economy as defined under RA 9710 otherwise known as an “Act Providing Magna Carta of Women” refers to self-employed, occasionally or personally hired, subcontracted, paid and unpaid family workers in household incorporated and unincorporated enterprises, including home workers, micro- entrepreneurs and producers, and operators of sari-sari stores and all other categories who suffer from violation of workers’ rights;
- (q). **Informal Workplaces** : workplaces operated publicly and privately such as common merchandising centers markets, transport terminals, common production centers , spaces provided for flea markets, and others of similar conditions.
- (r). **Workplace policy on exclusive breastfeeding** : are internal rules and regulations set by the private establishments and informal sector association or operator/s of informal workplaces on the use of lactation facilities and lactation management program , development of which is guided by the Local City Health and Nutrition Offices.

RULE III

BREASTFEEDING AND EXPRESSING MILK IN THE WORKPLACE

Section 6. Objective. – These Rules seek to clarify the scope and application of the ordinance in order that the proper parties may be guided for their compliance.

Section 7. Statement on Coverage. – These Rules shall apply to all establishments whether operating for profit or not, all government offices and its instrumentalities, public places operated by the government and private institutions, operating within the territorial jurisdiction of Naga City.

Section 8. Breastfeeding and Lactation Facility. – As the sole mandate of the ordinance, all establishments aforementioned must provide a breastfeeding corner/room or lactation room to allow nursing/lactating mothers, especially and not limited to employees and customers/clients, to breastfeed their babies and/or express their breast milk to be given to their babies at home.

The following persons shall be the main initiators of providing/establishing the breastfeeding facility, to wit:

Local Government Units	- Chief Executive
Government Offices and Instrumentalities	- Head of Office
Private Institutions	- Manager/Employer
Informal Sector Organizations	
Representative of Tripartite EBF Local Working Group	

Section 9. Setting-Up the Facility. – For the breastfeeding room and/or lactation corner to be recognized as a “**MOTHER-BABY FRIENDLY WORKPLACE**”, the following minimum requirements shall be clearly observed:

- a. Shall be private and comfortable;
- b. Shall have appropriate breast milk storage;
- c. Shall have hand washing facility;
- d. Shall have comfortable chairs and table;

The breastfeeding and/or lactation facility shall be accessible to anyone who wishes to utilize the purpose by which it is established and such utilization shall be free of charge. Nonetheless, the breastfeeding facility must be clean, well ventilated and free from contaminants and hazardous substances; thus, proper use and maintenance of the facility shall be observed at all times. In no case, however, shall the breastfeeding facility be located in the toilet.

Sec. 9-a: Every establishments, institutions, government instrumentalities and facilities shall develop its own workplace policy and lactation management program including the use of lactation stations and breastfeeding corners

RULE IV

ENFORCEMENT TOOLS

Section 10. Implementing Agencies. – The City Population and Nutrition Office (CPNO), the City Health Office (CHO) and the Public Employment Service Office (PESO) shall be principally responsible for the implementation and enforcement of the provisions of the ordinance.

Section 11. Implementation Mechanism. – Institutions, establishments, services operating for profit and informal business operators, that need to secure business permit/license, either new application or renewal, compliance with the ordinance shall be one of the requirements. The City Treasurer's Office shall deny applications and/or renewal of businesses if without the certification from the CPNO as to the compliance with the ordinance. For the organized informal sector running or not a lactation station, the City Treasurer must require certification from informal sector organization of having attended EBF Orientation Seminar for the purpose of securing or renewing business permits and licenses. For the unorganized informal sector operators, certification from the CPNO that they have attended orientation on EBF warrants the issuance or renewal of permits.

Section 12. Monitoring Guidelines. – In coordination with other agencies enlisted below, CPNO, CHO and PESO shall adopt such appropriate monitoring guidelines subject to the ratification of the City Mayor and shall likewise provide training on monitoring compliance and enforcement on violations of the ordinance to the members of the monitoring team, herein created and established, to be composed of the following:

(a) Monitoring Team

- i. Representative from:
 - a. City Mayor's Office
 - b. City Population and Nutrition Office
 - c. City Health Office
 - d. City Treasurer's Office
 - e. City Public Employment Services Office
 - f. City Social Welfare and Development Office
- ii. Representatives from Government/Non-government Organizations/Civil Societies without any conflict of interest with the breastfeeding culture and/or direct or indirect connection, financial or otherwise, or with commercial interest within the scope of the ordinance.
 - a. Naga City Council for Women
 - b. Naga City People's Council
 - c. Metro Naga Chamber of Commerce and Industry
 - d. Representative from informal sector organizations which is to be selected from among the five (5) subsectors such as vendors, transport, home based workers, non-corporate construction workers, others (wastepickers, community volunteer workers, masseurs, beauticians, and other informal workers....) annually on rotation basis.
 - e. Representative from trade unions

(b). Functions – The Monitoring Team shall have the following functions:

- i. Monitors compliance as well as problems encountered in the implementation of the ordinance;
- ii. Reviews/Acts on reports of violations of the provisions of the ordinance;
- iii. Verifies reports of violations of the ordinance;
- iv. Recommends sanctions or punitive actions for violations of the ordinance to the City Mayor;
- v. Submits regular reports on the status of the implementation of the ordinance;
- vi. Perform such other related functions as may deem necessary.

Section 13. Evaluation, Feed backing, and Recommendation. – As a team, CPNO, CHO and PESO are hereby authorized to conduct regular visitation and inspection of the breastfeeding facility to ensure faithful compliance of the ordinance, as well as to submit report, if ever there is, any violation of the ordinance and to recommend disposition to the City Mayor who shall respond thereto with sufficient dispatch.

Section 14 : Lactation Management Program - The local government shall develop a program of focused interventions on lactation management for the informal sector in a consultative or participatory manner.

Section 15 : Sources of Funds : The city government shall use its Gender and Development Funds for the lactation management program of the workers in the informal workplaces of which informal economy associations running a lactation station can access to subject to government regulations.

RULE V

FINAL PROVISIONS

Section 15. Imposition of Penalties. – Any private institution which justifiably refuses or fails to comply with Sections 8 and 9 of this Rules shall be imposed a fine of Five Thousand pesos (P5,000.00); such that any person, natural or judicial, found guilty of the same violation, shall be imposed with the same fine.

Heads, officials and employees of government offices who violate any provision of the ordinance shall further be subject to an administrative fine of Five Thousand pesos (P5,000.00) and this shall be without prejudice to other liabilities applicable under civil service laws and rules.

Section 15-a Disposition of penalties collected : The penalties collected shall be used for the improvement of lactation facilities, programs and projects on EBFW , honoraria of the monitoring team, operational and operational expenses.

Section 16. Separability Clause. – Should any clause, sentence, paragraph or part of the ordinance be declared to be invalid, unconstitutional or ultra vires, the remainder of the ordinance or any provision not affected thereby shall remain in full force and effect.

Section 17. Repealing Clause. – All other provisions of existing ordinances, resolutions and executive issuances inconsistent with the ordinance are hereby repealed, amended or modified accordingly.

Section 18. Effectivity. – These Rules and Regulations shall take effect immediately. Signed this _____ day of _____, 2014 at Naga City, Philippines.

JOHN G. BONGAT

City Mayor

Attested by :

FLORENCIO T. MONGOSO., JR., CSEE

Department Head II and City Administrator



Republic of the Philippines
OFFICE OF THE SANGGUNIANG PANLUNGSOD
CITY OF ZAMBOANGA

ORDINANCE 425

AN ORDINANCE AMENDING CERTAIN SECTIONS OF CITY ORDINANCE NO. 377, SERIES OF 2011, OTHERWISE KNOWN AS "AN ENABLING ORDINANCE ON THE EXPANDED PROMOTION OF EXCLUSIVE AND CONTINUED BREASTFEEDING IN THE WORKPLACE AND PROVIDING PENALTIES THEREOF"

Sponsors: HON. MYRA PAZ V. ABUBAKAR
HON. CESAR L. JIMENEZ, JR.
HON. JUAN CLIMACO P. ELAGO II
HON. CHARLIE M. MARIANO
Co-Sponsors: HON. ROMMEL S. AGAN
HON. MIGUEL C. ALAVAR III
HON. RODOLFO M. BAYOT
HON. LUIS R. BIEL III
HON. VINCENT PAUL A. ELAGO
HON. BENJAMIN B. GUINGONA IV
HON. ROEL B. NATIVIDAD
HON. JOSEPHINE E. PAREJA
HON. JERRY E. PEREZ
HON. PERCIVAL S. RAMOS
HON. EDUARDO T. SAAVEDRA, JR.
HON. MELCHOR REY K. SADAIN
HON. ROGELIO L. VALESCO, JR.

EXPLANATORY NOTE

WHEREAS, the 1987 Constitution of the Republic of the Philippines mandates the State to protect and promote the right to health of the people and instill health awareness among them;

WHEREAS, Section 16 of Republic Act 7160 provides that the local government shall ensure and promote the general welfare of its constituents, to include among others, the promotion of health and safety;

WHEREAS, the Philippines has adopted the World Health Organization (WHO) and United International Children's Emergency Fund (UNICEF) "2002 Global Strategy on Infant and Young Child Feeding" which recommends exclusive breastfeeding for newborn to six (6) months and with continued breastfeeding in combination with complimentary feeding for infants and young children from six (6) months onward;

/s/

WHEREAS, the Convention on the Rights of the Child (CRC) was adopted by the United Nations (UN) Assembly in 1989 which correspondingly recognizes the importance of breastfeeding as an essential component of children's rights to optimal health and development;

WHEREAS, the Magna Carta for Women calls for women's rights to health which includes access to services such as maternal care and promotion of breastfeeding especially women in the marginalized sector;

WHEREAS, the Philippines is a signatory to the Beijing Platform for Action and Strategic Objective which promotes harmonization of work and family responsibilities for women and men;

WHEREAS, the Philippines is a signatory to the Convention on the Elimination of Discrimination Against Women (CEDAW) which emphasizes provision of necessary supporting social services to enable parents to combine family with obligation with work and responsibilities;

WHEREAS, the ILO Convention 103 on Maternity Protection which encourages all member countries to enable women to combine productive and reproductive roles as even amended to include women in informal economy;

WHEREAS, the use of breast milk which is widely recognized as the best source of nutrition for babies, promotes the development of emotional bonding between mother and child, bestow upon the newborn infant protection against infection, provides the mother natural contraception after delivery and protect the mother from closely spaced pregnancy;

WHEREAS, non-formula buyers has least economic burden in terms of health and formula, according to a study in the Philippines of the World Health Organization, thereby helping alleviate families from poverty.

NOW THEREFORE, BE IT ENACTED AS IT IS HEREBY ENACTED, By the Sangguniang Panlungsod of Zamboanga City by virtue of the powers vested in it by law, in regular session assembled that:

SECTION 1. Certain Sections of City Ordinance No. 377, Series of 2011, are hereby amended to read as follows: 

x x x

"SECTION 1. TITLE, This Ordinance shall be known as the Expanded Promotion of Exclusive and Continued Breastfeeding in the Workplace and Providing Penalties Thereof."

SECTION 2. DECLARATION OF POLICY. The City of Zamboanga shall adopt the national policy of rooming-in and breastfeeding in order to encourage, protect and support the practice of exclusive and continued breastfeeding.

It shall create an environment where basic physical, emotional and psychological need of the mothers and infants are fulfilled.

The City shall likewise protect working mothers by providing safe and healthy working conditions, taking into account the maternal functions, facilities and opportunities that will enable mothers to combine family obligations with work responsibilities.

Towards this end, the City shall promote and encourage exclusive and continued breastfeeding and provide specific measures that would enable nursing mothers to continue expressing their milk and/or breastfeeding their infants or young child.

SECTION 3. DEFINITION OF TERMS:

- 3.1 **"Cup Feeding"** – the method of feeding an infant using a cup the content of which can be any type of fluid;
- 3.2 **"Breastfeeding"**- is the method of feeding an infant directly from the human breast;
- 3.3 **"Breast Milk"**- is the human milk from the mother;
- 3.4 **"Breast Milk Substitute"**- any food being marketed or otherwise represented as partial or total replacement of breast milk whether or not suitable for that purpose;
- 3.5 **"Expressed Breast Milk"**- is the milk which has been extracted from the breast by hand or by breast pump, which can be fed to an infant using a dropper, spoon or a cup;
- 3.6 **"Expressing Milk"**- is an act extracting human milk from the breast by hand or by pump into a container;
- 3.7 **"Formula Feeding"**- is the feeding of a newborn with infant formula usually by bottle feeding. It is also called artificial feeding;
- 3.8 **"Health Institutions"**- are hospitals, health infirmaries, health centers, lying-in centers or puericulture centers with obstetrical and child health services;

- 3.9 **"Health Personnel"**- are professionals and workers who manage and/or administer the entire operations of health institution and/or who are involved in providing maternal and child health services;
- 3.10 **"Health Workers"**- all persons who are engaged in health and health related works, and all persons employed in all hospitals, sanatoria, health infirmaries, health centers, rural health units, clinics, and all other health related establishments, whether government or private and shall include medical, allied health professional administrative support personnel employed regardless of their employment status;
- 3.11 **"Infant"**- is a child with the zero (0) to twelve (12) months of age;
- 3.12 **"Lactation Station"**- private, clean, sanitary and well-ventilated room or an area in the workplace or public place where nursing mothers can wash up, breastfeed or express their milk comfortably and store this afterward. Also known as breastfeeding room/area/station;
- 3.13 **"Non-Health Facility, Establishment or Institution"**- public places and workplaces;
- 3.14 **"Private Sector Organizations"**- refer to privately owned companies, corporations, associations, foundations and the like;
- 3.15 **"Workers In The Informal Economy"**- refers to self-employed, occasionally or personally hired, subcontracted, paid and unpaid family workers in household incorporated and unincorporated enterprises, including home workers, micro-entrepreneurs and producers, and operators of sari-sari stores and all other categories who suffer from violation workers' rights (Ref. R.A. 9710, Magna Carta of Women);
- 3.16 **"Public Sector"**- the portion of society controlled by national, state or provincial and local governments;
- 3.17 **"Public Place"**- enclosed or confined areas such as schools, public transportation terminals, shopping malls, livelihood and training centers and the like;
- 3.18 **"Philippine Health Promotion Program Through Healthy Places"**- refers to a program that shall include homes, schools, workplaces, vehicles, streets/bus stations, eating places, hospitals, hotels, markets, movie houses, rest rooms, ports, prisons and resorts as per Administrative Order No. 341 Series of 1997;

- 3.19 **"Rooming-in"**- refers to the practice of placing the newborn in the same room as the mother right after delivery up to discharge to facilitate mother-infant bonding and to initiate breastfeeding. The infant may either share the mother's bed.
- 3.20 **"Workplace"**- refers to the work premises, whether private enterprises or government agencies, including their subdivisions, instrumentalities and GOCCs;
- 3.21 **"Informal Workplace"**- refers to places of economic activities, of informal sector and informal economy in general according to NSCB Resolution No. 15, Series of 2002, defining informal sector and ILC 2002 defining the informal economy, may it be publicly or privately managed;
- 3.22 **"Informal Employment"**- refers to the 17th ICLS defining informal employment as comprising the total number of informal jobs, whether carried out in formal sector enterprises, informal sector enterprises, or households, during a given reference period;
- 3.23 **"Nursing Employee"**- refers to any female worker, regardless of employment and economic activity status, who is lactating or breastfeeding her infant and/or young child.

SECTION 4.- SCOPE/APPLICABILITY.- The provision of this Ordinance shall apply to all public and private enterprise, government agencies, including their subdivisions and instrumentalities, informal sector and economy workplaces, terminals, and all government owned and controlled corporations in the City of Zamboanga.

However, upon application to, and determination by the Director of the Department of Labor and Employment for the private sector, and Chairperson of the Civil Service Commission for the public sector, health and non-health facilities, establishment and institution may be exempted for a renewable period of two (2) years from Section 4 of this Ordinance, where the establishment of Lactation Stations is not feasible or necessary due to the particular circumstances of the workplace or public place taking into consideration, among others, the number of women employees, physical size of the establishment, and the number of women who visit the establishment or office.

SECTION 5.- ESTABLISHMENT OF LACTATION STATIONS.- The City of Zamboanga mandates all public and private enterprise, government agencies, including their subdivision and instrumentalities, (informal sector and economy workplaces, terminals,) and all government owned and controlled corporations in the City of Zamboanga to establish a lactation station with necessary equipment and facilities, such as but not limited to the following:

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- 5.1 Lavatory for hand-washing, unless there is an easily accessible lavatory nearby;
- 5.2 Refrigerator or appropriate cooling facilities for storing expressed breast milk;
- 5.3 Table;
- 5.4 Comfortable seats where the mother can hand express breast milk;
- 5.5 Electrical outlets for breast pumps; and
- 5.6 Other Items shall also be provided; the standards shall be defined by the City Health Office.

The lactation station shall be clean, well ventilated, comfortable, and free from contaminants and hazardous substances, and shall ensure privacy for the women to express their milk and/or in appropriate cases, breastfeed their child. In no case, shall the lactation station be located in comfort room or toilet room.

SECTION 6.- LACTATION PERIODS.- Nursing mother employees are entitled to break intervals in addition to the regular time-off for meals to breastfeed or express milk. The employees shall notify her immediate supervisor before leaving her station.

These intervals which include the time it takes an employee to get to and from the workplace to the lactation station shall be counted as compensable hours worked. The duration and frequency of breaks may be agreed upon by employees and employers but in no case shall such intervals be less than forty (40) minutes for every eight (8) hour working period. Usually, there could be two to three (2-3) breast milk expressions lasting fifteen to thirty (15-30) minutes each within a workday

SECTION 7.- ACCESS TO BREASTFEEDING INFORMATION. Formal employers shall ensure that the staff employees shall be made aware of this Ordinance. That all pregnant employees shall be provided with information on how they can combine breastfeeding and work once they return to work. The formal employers shall coordinate with the City Health Office in order for them to avail of the breastfeeding program for working mothers.

Informal employers shall ensure that there is a lactation space or area provided in the workplace and shall ensure that each employee of productive age, regardless of sex, shall be given information about breastfeeding.

SECTION 8. INCENTIVES AND AWARDS SYSTEM.-The City Health Office shall create an awards system in order to strengthen compliance with this Ordinance subject to existing laws, rules and regulations.

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The City Health Office shall also develop an Incentives and Awards System for informal workplaces with technical assistance of the National Anti-Poverty Commission through the Workers in the Informal Sector Council which is mandated under R.A. No. 8425 which monitors all anti-poverty programs of the government or its duly authorized representative.

SECTION 9. **BREASTFEEDING AWARENESS MONTH.**- In order to raise awareness on the importance to promote breastfeeding, the month of August in each year shall be known as the "Breastfeeding Awareness Month."

The City Health Office shall be the lead agency in the celebration of Breastfeeding Awareness Month through the inclusion of Breastfeeding Awareness Month in the monthly health events.

SECTION 10. **IMPLEMENTATION AND MONITORING.**- The City Health Office shall be the lead agency in the implementation and monitoring of the provision of this Ordinance for this purpose. The Chief Executive shall create a multi-sectoral monitoring team composed of the following persons or their duly authorized representative, but not limited to:

- 10.1 Chairman: City Health Officer;
- 10.2 City Nutrition Action Officer;
- 10.3 City Social Welfare and Development Officer;
- 10.4 Licenses and Permits Officer, Office of the City Mayor;
- 10.5 Representative from the NGO to be appointed by the City Mayor;
- 10.6 City Treasurer;
- 10.7 City Engineer;
- 10.8 City Schools Division Superintendent, Dep-Ed;
- 10.9 Regional Director, Department of Health;
- 10.10 Regional Director, Department of Labor and Employment;
- 10.11 Regional Director, Civil Service Commission;
- 10.12 City Director, Department of Interior and Local Government;
- 10.13 City Police Director;
- 10.14 City Ordinance Enforcement Unit, Office of the City Administrator;

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- 10.15 Vice-Chairperson, City Gender and Development Council;
- 10.16 Representative of Informal Sector Organization, preferably participating organization in the maintenance of informal workplace lactation station/s; and
- 10.17 NAPC-Workers in the Informal Sector Council or its duly authorized representative.

The Implementation and monitoring team shall have the following functions:

- 10.a Monitor compliance of this ordinance;
- 10.b Develop and provide information and educational materials on the benefits of breastfeeding/breast milk;
- 10.c Conduct training and seminar programs on breastfeeding;
- 10.d Submit reports on the status of implementation of this Ordinance to the City Mayor and the City Health Office;
- 10.e Assist the informal sector organizations in the design of lactation management program including the setting-up of lactation stations in respective workplaces and in the development of breastfeeding workplace policy;
- 10.f Assist the annual planning and budgeting for the operations and activities of informal sector organizations operating lactation stations; and
- 10.g Ensure of the continuing education of the EBF Peer Educators in the Informal Workplaces.

SECTION 11. **PENALTIES.**- The following penalties shall be imposed on the violation of this ordinance.

Any private non-health facility, establishment and institution which unjustifiably refuses or fails to comply with Section 5, 6 and 7 of this Ordinance shall be imposed with a fine of:

First Offense	Php1,000.00 and Warning Statement to be issued by the City Health Office;
Second Offense	Php2,000.00 and Non-extension of Sanitary Permit; and

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Third Offense

Php5,000.00 and Cancellation or revocation of business permits or licenses to operate, upon discretion of the Court.

In all cases, the fine imposed should take into consideration, among others, the number of women employees, physical size of the establishment, and the average number of women who visit the establishment.

SECTION 12. **FUNDING.**- The City Government shall allocate sufficient budget to be taken from the Gender and Development Fund for the effective implementation of this Ordinance.

SECTION 13. **SEPARABILITY CLAUSE.**- If any part of this Ordinance is declared not valid, unconstitutional or unlawful, such declaration shall not affect or impair the remaining provisions, sections or parts thereof, which shall remain or continue to be in full force and effect.

SECTION 14. **REPEALING CLAUSE.**- All previous ordinances inconsistent with this Ordinance shall be deemed repealed or modified accordingly.

SECTION 15.- **EFFECTIVITY.**- This Ordinance shall take effect fifteen (15) days after its publication in a local newspaper of general circulation.

ENACTED: May 13, 2014.

CESAR S. ITURRALDE

*City Vice Mayor
Presiding Officer*

ATTESTED:


ZENAIDA C. JAYME
City Secretary

APPROVED: MAY 19 2014


MARIA ISABELLE G. CLIMACO
City Mayor

Sample Form for Requesting Breastfeeding Breaks

[insert date]

Dear [insert employer's name]:

I am submitting this letter to let you know I plan to continue breastfeeding my baby when I return to work. Beginning [insert approximate date], I will need breaks at regular intervals during the workday to pump breast milk so as to maintain my milk supply and to provide breast milk for my child when we are apart. Republic Act 10028, effective August 2010, requires that employers provide a clean, private place for breastfeeding mothers to express breast milk. The law also requires an additional compensable 40-minute lactation period for every eight (8) hours worked over and above the regular resting periods. This is the minimum time needed to go to the pumping area, set up the pump, express the breast milk, disassemble and clean the pump parts, and return to work.

This letter fulfills my responsibility to provide you with advance notice of my intention to breastfeed, so that suitable arrangements can be made regarding a lactation area, as well as any work schedule modifications. I would appreciate a written reply from you indicating you understand my intentions and are working on a plan to accommodate this need.

Breast milk protects both mothers and children from many health risks. Employers benefit, too, by reduced absenteeism. Thank you for your willingness to make these accommodations for me and other breastfeeding mothers. You are helping protect the health of working mothers and their children.

Sincerely,

[insert employee's name]

Sample Form for Requesting Breastfeeding Breaks

Name of Company/ Business/ Employer: _____

Name of Employee: _____

Expected date of birth of baby/Date of birth of baby: _____

I confirm that I will be/am breastfeeding my child and I intend availing of breastfeeding facilities and breaks available.

Due date of return to work: _____

My preferred way of taking these breaks are:

1 x 40 minute break

2 x 20 minute break

4 x 10 minute breaks

I declare that the information given above is true and complete. I confirm that when I cease to breastfeed my child I will notify you accordingly

Signature of Employee: _____

Date: _____

Sample Workplace Breastfeeding Policy Statement

COMPANY LOGO

We,, recognize the importance of breastfeeding. Also in accordance with the **RA 10028 (Expanded Breastfeeding Promotion Act of 2009)** undertake to promote and support breastfeeding by providing the facilities and supports necessary to enable mothers in our workforce to combine breastfeeding with their work.

Facilities and supports include:

1. The provision of breastfeeding breaks (40 minutes for every 8 hours worked) the timing of these paid breaks can be negotiated between the employed breastfeeding mother and her line manager or supervisor.
2. For the purposes of breast milk expression access will be provided to a clean, private area with comfortable chairs, a table, hand washing facilities, a cooling facility (where possible), a secure breast pump storage area, as well as the use of a company provided electric breast pump (where possible).
3. Access to breastfeeding education/information. Employees who are pregnant or considering parenthood will be provided with reading materials on how to combine breastfeeding and work, along with information on maternity leave/parental leave entitlements and work life balance information.

All employees will be made aware of this policy.

Annex 6: Case study: why breastfeeding is a local truck driver's issue²⁰

ILOILO CITY, Philippines (ILO News) - Ronaldo Payda is not the average breastfeeding advocate. A former truck driver with 20 years experience on the road, he now leads a local transport association in Iloilo City, Philippines. He found his new vocation when he moved on from being a truck driver and a husband, to become a father.

Despite the best care given by his wife, Michelle, his first two children, Bea Mae and Paul Marx were constantly in and out of hospital in their first year of life due to bouts of diarrhea and asthma. The cost was enormous, both in terms of parental anxiety and hospital bills. "I feel like a stockholder in the hospital because my children were always there," Ronaldo said. "I spend so much money just to make sure they are healthy". But despite all the money spent, Ronaldo didn't know why his children's health was poor.

In 2010, Ronaldo was invited to an ILO workshop on advocating breastfeeding. There he learned that the infant milk formula he and Michelle had spent so much money on didn't really make their children healthy. Rather breast milk was the best food for babies.



So when his next baby was born in 2012, Ronaldo encouraged his wife Michelle to breastfeed Alyssa Marie exclusively. He even helped with the household chores so she could have more time to breastfeed. The difference delighted them. Alyssa Marie was much healthier than her siblings and the only time she visited the hospital was for routine immunizations. The entire family benefited in other ways too. "The big change that I observed with my family are, first, the child and the mother has a closer relationship," Ronaldo said. "Second...we can divert our budget from buying formula milk to spending for other needs like our children's school allowances and to purchase for their new clothes".

Ronaldo didn't keep his experience to himself. As the leader of a transport association, he began to tell other drivers and their families about the economic and health advantages of breastfeeding, countering the advertising claims of milk formula companies.

²⁰ Calayo, Glaiza. Why breastfeeding is a truck driver's issue? Decent Work for All. April 2014 Monthly News Update. www.ilo.org/manila.

Ronaldo's advocacy of breastfeeding is unusual because feeding children has always been considered women's business in the Philippines. Inadequate awareness of the importance of breastfeeding among men and women has resulted in prevalent malnutrition in children under five. According to the Food and Nutrition Research Institute of the Philippines, only 47 per cent of babies in the Philippines are breastfed, and in some areas the rate is an alarmingly-low 27 per cent. As a result, one in every five Filipino children are underweight and three in 10 are under height for their age.

With Ronaldo's support, Michelle has decided to breastfeed Alyssa Marie until she is two years old. But the Paydas are lucky because Michelle works at home, running a small shop. Most working women in the Philippines have to stop breastfeeding at the end of their maternity leave, when they go back to work. Even though Philippine law allows employees 40 minutes a day for expressing milk or breastfeeding, implementation has been inefficient. "No woman should have to choose between earning a living and breastfeeding," says Susanita Tesiorna, President of Alliance of Workers in the Informal Economy/Sector in the Philippines.

So, building on the earlier programme that trained Ronaldo, and to address the challenges still faced by working mothers, the ILO, with other UN agencies, launched the Nutrition Security and Maternity Protection through Exclusive and Continued Breastfeeding Promotion in the Workplace Project (NSMP Project) in 2013.

Funded by the UNICEF-EU, the NSMP Project has supported the setting up of lactation stations, trained hundreds of breastfeeding educators (both men and women), and encouraged employers in the cities of Naga, Iloilo and Zamboaga, to give workers adequate time and appropriate places to breastfeed.

"Real world evidence shows that breastfeeding in the workplace not only promotes better health for mothers and their babies but also leads to increased productivity, increased loyalty, and reduced absenteeism," said Lawrence Jeff Johnson, Director, ILO Country Office for the Philippines". "It's crucial to support working mothers and their families by setting up lactation stations and allowing lactation breaks during work periods".

The NSMP project is now pushing for the establishment of more lactation stations in public places and better legal enforcement on breastfeeding. Ronaldo Payda believes that a change in the public's attitudes is also needed, and he wants to continue his advocacy work among his friends and fellow transport workers. "Breastfeeding is not only about women," he said. "It is important that the husband should know his roles on the importance of breastfeeding to the family development".

Annex 7: List of establishments with IYCF training



Republic of the Philippines
City of Naga

CITY POPULATION AND NUTRITION OFFICE

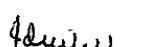


1. Bicol Medical Center
2. St. John Hospital
3. NICC Doctors Hospital
4. Naga City Hospital
5. Bicol Access
6. CALEB MOTOR
7. LCC
8. EMALL
9. SM
10. CASURECO
11. BISCAST
12. PUREGOLD CENTRO AND DIVERSION
13. PHILHEALTH
14. GSIS
15. NAGA CITY PEOPLES MALL
16. NAGA COLLEGE FOUNDATION
17. Ateneo De Naga
18. University of Nueva Cañeres
19. Universidad de Sta. Isabel
20. Coca Cola Company
21. SSS
22. Mother Seton Hospital

Lists of Establishments with Breastfeeding Corner /Room in Naga City

1. St. John Hospital
2. NICC Doctors Hospital
3. Bicol Access
4. Caleb Motor
5. LCC
6. EMALL
7. SM
8. CASURECO
9. PUREGOLD Centro
10. GSIS
11. Naga City Peoples Mall
12. Ateneo de Naga
13. University of Nueva Cañeres
14. Universidad de Sta. Isabel
15. Coca Cola Company

Prepared by : 
RAQUEL B. BUERE
Nutrition Officer I

Noted by : 
TERESITA A. DEL CASTILLO
City Government Department Head 1

Annex 8: Directory of relevant agencies and organizations

Alliance of Workers in the Informal Economy/Sector (ALLWIE/S)

Club House 5, Primarosa East Subd.,
Brgy. Buhay na Tubig, Imus 4103, Cavite
Email: sgtesiorنال@gmail.com
Tel. No. (046) 875-1383/T
Telefax: (046) 543-1410

ARUGAAN

P.O. Box 231, University of the Philippines,
Diliman, Quezon City
Email: arugaan@mozcom.com
Tel. Nos. (632) 426-3918/ (02) 490-4552
Exec. Dir.: Ma. Ines Av. Fernandez

Beauty, Brains and Breastfeeding, Inc. (BBB)

[https://www.facebook.com/
beautybrainsandbreastfeeding](https://www.facebook.com/beautybrainsandbreastfeeding)
[http://beautybrainsandbreastfeeding.
blogspot.com/p/about-us.html](http://beautybrainsandbreastfeeding.blogspot.com/p/about-us.html)

Bureau of Workers with Special Concerns–Department of Labor and Employment (BWSC – DOLE)

9/F G.E. Antonio Bldg. J. Bocobo ST.
cor. T.M Kalaw Ave., Ermita, Manila
Email: bwywrd@yahoo.com Website: [http://
www.bwsc.dole.gov.ph](http://www.bwsc.dole.gov.ph)
Tel. Nos. (632) 527-5857; 527-3116
Telefax: (632) 527-5858; 527-3097

Department of Health (DOH)

San Lazaro Compound, Tayuman
Sta. Cruz, Manila Philippines 1003
Tel Nos.: 743-8301 to 23 Fax No.: 711-6744
Website: doh.gov.ph

Employers Confederation of the Philippines (ECOP)

3rd Floor ECC Bldg., 355 Sen. Gil Puyat
Ave., Makati City 1200
Trunkline: 890-4847, 897-5295
895-8576, 890-9483
Fax Number: 895-8576
Email: secretariat@ecop.org.ph

Federation of Free Workers (FFW)

1943 Taft Ave., Malate 1004, Manila
Email: acasper1951@yahoo.com or
dabigdyul@gmail.com
Tel. Nos. (632) 521-9435; 521-9464
Telefax: 400-6656

Health Alternatives for Total Human Development Institute, Inc. (HEALTHDEV)

Rm. 205 2/F CCS Bldg. P. Arrupe Rd.
Ateneo de Manila University, Loyola Heights,
1108 Quezon City
Email: healthdev@yahoo.com
Tel./Fax (632) 426-4325/426-6001 Ext. 4630

International Labour Organization (ILO)

Country Office for the Philippines
19th Floor Yuchengco Tower RCBC Plaza
6819 Ayala Avenue 1200 Makati City,
Philippines
Tel. No.: 580-9900 Fax No.: 856-7597
Email: manila@ilo.org

National Anti-Poverty Commission (NAPC)

Water System Training Center
Local Utilities Administration
MWSS-LWUA Complex, Katipunan Avenue
1108 Quezon City, Philippines
Email: info@napc.gov.ph
Tel. Nos. (632) 426-5028; 426-5019
426-4956; 426-4965
Telefax: (632) 927-9838

National Nutrition Council (NNC)

Nutrition Bldg. 2332 Chino Roces Ave.
Extension, Taguig City
Website: <http://www.nnc.gov.ph>
Tel. No. (632) 843-5824
Telefax: (632) 843-5824

United Nations Children's Fund (UNICEF)**Mailing Address:**

P.O. Box 1076 Makati Central Post Office
1250 Makati City Philippines 1200
Visiting Address:
31 F Yuchengco Tower, RCBC Plaza
6819 Ayala Avenue
1200 Makati City, Philippines
Tel. No.: 901.0100
Fax Nos.: 892.8126/ 901.0196
Email: manila@unicef.org

